



# EMPLOYMENT APPLICATION

## Part 1

Please answer all questions completely and print legibly.

The CONNECTICUT COMMUNITY BANK, N. A. (“the Bank”) is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Bank considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status. The completion of this Employment Application does not guarantee an interview or employment.

### GENERAL INFORMATION

Name: \_\_\_\_\_  
Last First Full Middle Name or N/A

Former Name (if applicable): \_\_\_\_\_  
Last First Full Middle Name or N/A

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number(s): \_\_\_\_\_  
Home Work

\_\_\_\_\_ Cell phone number Cell Phone Carrier

\_\_\_\_\_ Email Address

Number of years/months you have resided at above address: \_\_\_\_\_

If less than one year at above address, provide prior address below:

Address: \_\_\_\_\_  
Street City State Zip Code

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in the United States because of VISA or immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes \_\_\_\_\_ No \_\_\_\_\_

---

---

**JOB INFORMATION**

---

---

Which position are you applying for (be specific)? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Hourly Rate/Salary desired? \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if your job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to the Bank before or worked for the Bank before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under what name, dates of employment and department?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any friends or relatives working here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and relationship to you:  
\_\_\_\_\_

Use the space below to describe your interest in banking and the skills and aptitudes that you feel qualify you for a position at the Bank. If you need more space, please continue on back.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



---

---

## EMPLOYMENT EXPERIENCE

---

---

Provide ten years of employment history starting with current or most recent. Include any self-employment, temporary/summer, part-time, and military service assignments that you have held for more than 30 consecutive days. If you need additional space, please continue on back.

**Present Employer** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Full Time  Part Time  Temporary/Summer  Self-employed/family business  Military

Address \_\_\_\_\_

Business Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Name/Title/Telephone Number/Email:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Were you terminated involuntarily or forced to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

**Past Employer** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Full Time  Part Time  Temporary/Summer  Self-employed/family business  Military

Address \_\_\_\_\_

Business Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Name/Title/Telephone Number/Email:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Were you terminated involuntarily or forced to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

**Past Employer** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary/Summer \_\_\_ Self-employed/family business \_\_\_ Military

Address \_\_\_\_\_

Business Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Name/Title/Telephone Number/Email:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Were you terminated involuntarily or forced to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Describe any certifications, licenses, specialized training/computer skills and/or apprenticeships.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently hold a political office? If yes, please provide the name of the organization, length of service, your position and a reference.

\_\_\_\_\_  
\_\_\_\_\_

Do you currently do any volunteer/community service work? If so, please provide the name of the organization, length of service, your position and a reference.

\_\_\_\_\_  
\_\_\_\_\_

---

---

**PROFESSIONAL REFERENCES**

---

---

Give the names of three persons not related to you whom you have known at least one year.

<u>NAME</u>	<u>ADDRESS</u>	<u>CONTACT NUMBER</u>	<u>HOW DO YOU KNOW THEM</u>
-------------	----------------	-----------------------	-----------------------------

---

---

---

---

---

**IN CASE OF EMERGENCY PLEASE NOTIFY**

---

---

<u>NAME</u>	<u>CELL PHONE NUMBER</u>	<u>RELATIONSHIP</u>
-------------	--------------------------	---------------------

---

---

---

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

---

Government agencies require periodic reports on the gender, ethnicity and veteran status of applicants. This data is for analysis in preparing government reports and for affirmative action purposes only. It is confidential and will be kept separate from your application. Those making the hiring decision will not use it.

**YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION BUT YOUR COOPERATION IN COMPLETING THIS FORM WOULD BE APPRECIATED.**

Location of position: \_\_\_\_\_

Position applied for: \_\_\_\_\_

**GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_

**RACE/ETHNIC GROUP** (see definitions below) (CHECK ONE):

White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Two or More Races \_\_\_\_\_

**VETERAN STATUS** (see definitions below) (CHECK ONE, IF APPLICABLE):

Recently Separated Veteran \_\_\_\_\_ Armed Forces Service Medal Veteran \_\_\_\_\_

Other Protected Veteran \_\_\_\_\_

**DEFINITIONS:**

**White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American (Not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.

**Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

**Recently Separated Veteran:** any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**Armed Forces Service Medal Veteran:** any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Other Protected Veteran:** any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

## Voluntary Self-Identification of Veterans

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified veterans in accordance with the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. To help us measure how well we are doing, we are asking you to tell us if you are a qualified veteran. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become a veteran at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as being a veteran on this form without fear of any punishment because you did not identify as being a veteran earlier.

### How do I know if I am a Qualified Veteran?

You are considered to be a qualified veteran if you are one of the following.

**Recently Separated Veteran:** means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.

**Armed Forces Service Medal Veteran:** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Other Protected Veteran:** means any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Disabled Veteran:** means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs or a person who was discharged or released from active duty because of a service-connected disability who has the ability to perform the essential functions of the employment position at issue with or without reasonable accommodation.

### Please check one of the following options below:

Not a Veteran \_\_\_\_\_ Recently Separated Veteran \_\_\_\_\_ Armed Forces Service Medal Veteran \_\_\_\_\_

Disabled Veteran \_\_\_\_\_ Other Protected Veteran \_\_\_\_\_ Do Not Wish To Answer \_\_\_\_\_

Name: \_\_\_\_\_

Position (Sought or Held): \_\_\_\_\_

Date: \_\_\_\_\_

### Reasonable Accommodation Notice

If you checked "Yes" to "Disabled Veteran" above, federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

---

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.