



EMPLOYMENT APPLICATION Part 1

Please answer all questions completely and print legibly.

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, religious creed, gender, gender identity/expression, ancestry, genetic information, national origin, ancestry, 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 eligible to work legally in the United States? Yes _____ No _____

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

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 _____

Are you available to 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.

EDUCATION/TRAINING

High School/Prep/GED	City and State		Diploma/Degree
----------------------	----------------	--	----------------

Undergraduate	City and State	Course of Study	Diploma/Degree
---------------	----------------	-----------------	----------------

Graduate/Professional/Trade	City and State	Course of Study	Diploma/Degree
-----------------------------	----------------	-----------------	----------------

If you did not graduate, explain your reasons for leaving.

Are you planning to pursue further studies? Yes _____ No _____

If yes, where and what courses?

U.S. Military or Naval Service Yes: _____ No: _____ Rank _____

Present membership in National Guard or Reserves Yes: _____ No: _____ Rank _____

List any scholastic honors earned in high school, undergraduate, graduate/military/trade school.

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

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:

PROFESSIONAL REFERENCES

Provide the names of three individuals 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>
-------------	----------------	-----------------------	-----------------------------

1. _____

2. _____

3. _____

(8.22.2019)

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 Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

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.

