The Croghan Colonial Bank 323 Croghan Street Fremont, OH 43420



Phone: 419.332.7301 Fax: 419.355.2293

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

| PERSONAL DATA | | | | | |
|--|--|--|----------------------------------|----------------------------------|-----------------------|
| DATE | | | | | |
| NAME | | | | | |
| Last | | First | | Middle | |
| ADDRESS | | | | Club | - |
| | Street | | City | State | Zip |
| HOME PHONE NO | | MOBI | LE PHONE NO. | | |
| ARE YOU 18 YEARS OF AG | E OR OLDER? | ′es 📮 No 🖫 |) | | |
| In accordance with the Fec you will be asked to provid provide acceptable docume Can you provide su | e documentation tlentation, we cannoused documentation | nat verifies your l t legally employ y ? Yes 🔲 l | egal right to wo vou. No 🔲 | rk in the United | States. If you cannot |
| HAVE YOU EVER BEEN CONVI If "yes", please explain | | | | | s)? Yes 🏻 No 🖵 |
| | (A conviction w | ill not necessarily be | a bar to employmen | t) | |
| EMPLOYMENT DESIRED | | | | | |
| POSITION | TYPE OF W | TYPE OF WORK | | DATE YOU CAN START SALARY DESIRE | |
| | Full Time | Part Time | 1 | | |
| HAVE YOU EVER APPLIED TO BEFORE? Yes No | O THE CROGHAN CO WHEN? | | ARE YOU EM Yes | PLOYED NOW? | a |
| EDUCATION | Name/Location | of School | Subjects Studied | Did You Graduate? | Degree Received |
| HIGH SCHOOL | | | | | |
| JR. COLLEGE/TRADE SCHOOL | | | | | |
| UNIVERSITY/COLLEGE | | | | | |
| GRADUATE SCHOOL | | | | | |
| LIST PROFESSIONAL, TRAI (You may exclude those which inc | - | | | |) |
| LIST ANY SPECIAL SKILLS | OR ABILITIES YOU | HAVE THAT REL | ATE TO THE JO | B FOR WHICH YO | OU ARE APPLYING: |

| FORMER EMP | PI OVER | S List below your last four employ | vers with the m | ost recent emplo | ver first | |
|---|--|--|---|--|---|---|
| DATE, MONTH, YEAR | NAME AND ADDRESS OF EMPLOYER | | YOUR P | YOUR POSITION AND NAME OF SUPERVISOR | | REASON FOR LEAVING |
| From | | | | | | |
| To | | | | | | |
| | Phone # | | May we o | May we contact? Y N | | |
| From | | | | | | |
| То | Phone # | <u> </u> | May we o | May we contact? Y N | | |
| From | | | Tidy We c | onacc. 1 14 | | |
| То | | | | | | |
| | Phone # | : | May we o | May we contact? Y N | | |
| From | | | | | | |
| То | | | | | | |
| _ | Phone # | # May we contact? Y N | | ontact? Y N | | <u> </u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| This applica part of your I certify tha if employed I authorize employmen result from I authorize applying will I authorize information I understan I am disquarequest to u | tion will be official end the facts of the f | AREFULLY BEFORE S where considered active for six (6) imployment record. It is contained in this application are set, false, or misleading statements of all statements contained inces listed and authorize them pertinent information or other set, this information regarding my redriving as part of my job duties that information regarding my of the set | months from are true and contents on this add in this application of the second with the second with the second with the second of the second with the second | omplete to the application will to cation. I give your and all informed all parties from the Bureau of Modifithe job for which will be standard that and its office. | best of my king grounds for our permission mation concern all liability tor Vehicles mich I am appartif I refuse to and volunta cers, agents, | nowledge. I understand the raise of dismissal. In the contact all former erning my previous for any damage that may fit the job for which I am olying necessitates such take or fail the drug test, rily consent to the bank's representatives, and |
| If offered er | mploymer | nt, I agree to conform to bank in the terminated with or without | rules, regulati | ons, and policie | s, and agree | that my employment |

of either the bank or myself. I understand that no supervisor, manager, officer, or representative of the bank, other than the President of The Croghan Colonial Bank has any authority to enter into any agreement for any specified period

I agree that any claim or lawsuit relating to my employment and service with The Croghan Colonial Bank must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit.

of time or to make any agreement contrary to above.

I waive any statute of limitations to the contrary.

The Croghan Colonial Bank

VOLUNTARY GENDER, ETHNICITY AND RACE SELF-IDENTIFICATION

Croghan Colonial Bank is subject to certain U.S. government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees and applicants to voluntarily self-identify their gender and their race or ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and will be used only in accordance with the provisions of applicable law, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. If you choose not to self-identify your race/ethnicity at this time, the federal government requires the employer to determine this information by visual survey and/or other available information.

Gender

SECTION 1:

Female

| | Male | |
|----------------|--|---|
| SECTION 2: | | Ethnicity |
| | Hispanic or Latino (A person of Cuban, Mexican, Pu origin regardless of race). If you checked this box, s | erto Rican, South or Central American, or other Spanish culture or skip SECTION 3 and complete SECTION 4. |
| | Not Hispanic or Latino (A person not of Mexican, P If you checked this box, proceed to SECTION 3. | uerto Rican, Cuban, Central or South American or Spanish cultures). |
| SECTION 3: | | Race |
| | A. White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| | B. Black or African American | A person having origins in any of the black racial groups of Africa. |
| | C. Native Hawaiian or Other Pacific Islander | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| | D. Asian | 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. |
| | E. American Indian or Alaskan Native | 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. |
| | F. Two or More Races (Not Hispanic or Latino) If you checked this box, please specify the letter of the racial group with which you most closely identify: | All persons who identify with more than one of the races listed in A through E above. |
| SECTION 4: | | |
| Applicant Nar | me | Date of Application |
| Position Appli | ied for: | |
| Referral Sour | ce: Advertisement Friend Relative Other Please explain: | 1 0 |
| | (Please return to the Human Re | source Department. Thank you!) |