

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 _____
Street City State Zip

HOME PHONE NO. _____ MOBILE PHONE NO. _____

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by Croghan Colonial Bank you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide acceptable documentation, we cannot legally employ you.

Can you provide such documentation? Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (other than minor traffic violations)? Yes No
If "yes", please explain _____

(A conviction will not necessarily be a bar to employment)

EMPLOYMENT DESIRED

POSITION	TYPE OF WORK Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	DATE YOU CAN START	SALARY DESIRED
HAVE YOU EVER APPLIED TO THE CROGHAN COLONIAL BANK BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>	WHEN?	ARE YOU EMPLOYED NOW? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

	Name/Location of School	Subjects Studied	Did You Graduate?	Degree Received
HIGH SCHOOL				
JR. COLLEGE/TRADE SCHOOL				
UNIVERSITY/COLLEGE				
GRADUATE SCHOOL				

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

(You may exclude those which indicate race, color, religion, sex, age, handicap, genetic information, or national origin)

LIST ANY SPECIAL SKILLS OR ABILITIES YOU HAVE THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING:

Continued on Reverse Side

FORMER EMPLOYERS List below your last four employers with the most recent employer first.

DATE, MONTH, YEAR	NAME AND ADDRESS OF EMPLOYER	YOUR POSITION AND NAME OF SUPERVISOR	ENDING SALARY	REASON FOR LEAVING
From _____				
To _____				
	Phone #	May we contact? Y N		
From _____				
To _____				
	Phone #	May we contact? Y N		
From _____				
To _____				
	Phone #	May we contact? Y N		
From _____				
To _____				
	Phone #	May we contact? Y N		

REFERENCES Give the names of three persons not related to you, whom you have known at least one year.
We prefer persons who know your work ability.

NAME	ADDRESS	POSITION/BUSINESS	PHONE NUMBER

PLEASE READ CAREFULLY BEFORE SIGNING:

- This application will be considered active for six (6) months from the date on the application. If you are hired, it becomes part of your official employment record.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, incomplete, false, or misleading statements on this application will be grounds for dismissal.
- I authorize investigations of all statements contained in this application. I give you permission to contact all former employers and references listed and authorize them to give you any and all information concerning my previous employment and any pertinent information or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.
- I authorize you to obtain information regarding my record with the Bureau of Motor Vehicles if the job for which I am applying will require driving as part of my job duties.
- I authorize you to obtain information regarding my credit history if the job for which I am applying necessitates such information.
- I understand that I may be required to undergo drug testing. I understand that if I refuse to take or fail the drug test, I am disqualified from further employment consideration. I therefore, knowingly and voluntarily consent to the bank's request to undergo a drug test. I release The Croghan Colonial Bank and its officers, agents, representatives, and employees from any and all claims and liability for damages associated with or arising from my submission to the test.
- If offered employment, I agree to conform to bank rules, regulations, and policies, and agree that my employment and compensation can be terminated with or without just cause, and with or without notice at any time, at the option 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 of time or to make any agreement contrary to above.
- 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. I waive any statute of limitations to the contrary.

Date _____ Signature _____

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.

SECTION 1: Gender

	Female
	Male

SECTION 2: Ethnicity

	Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race). If you checked this box, skip SECTION 3 and complete SECTION 4.
	Not Hispanic or Latino (A person not of Mexican, Puerto Rican, Cuban, Central or South American or Spanish cultures). If you checked this box, proceed to SECTION 3.

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 Name _____ **Date of Application** _____

Position Applied for: _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Walk-in ___ Employment Agency
 ___ Other **Please explain:** _____

(Please return to the Human Resource Department. Thank you!)

INVITATION TO SELF-IDENTIFY (VEVRAA) PRE-OFFER

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces Service medal veterans. These classifications are defined as follows:

A “*disabled veteran*” is one of the following: a veteran of the U.S. military, ground, navel 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.

A “*recently separated veteran*” means 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.

An “*active duty wartime or campaign badge veteran*” means a 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.

An “*Armed forces service medal veteran*” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
5. We have a written Affirmative Action Program (“AAP”) for the Disabled and Protected Veterans which is available for inspection in the Human Resource Office, Monday through Friday, 9:00 A.M. – 4:00 P.M. Among other things, the AAP promises that we have reviewed our personnel processes to ensure that we give careful consideration to the qualifications of individuals with known disabilities and protected veterans for all job vacancies for which they apply as well as for training. The AAP provides for regular review of the physical and mental requirements of our jobs to ensure that they are job related and consistent with business necessity. We will also make reasonable accommodations to the known physical and mental limitations of an otherwise qualified individual with a disability unless the accommodation imposes an undue hardship on the conduct of our business.

Voluntary Self-Identification of Disability

Form CC-305
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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: _____