



Employment Application

Equal Employment Opportunity Employer/M/F/Disability/Veteran

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

Name _____
Last First Middle

Address _____
Number Street City County State Zip Code Years?

Previous Address _____
Number Street City County State Zip Code

From _____ To _____

Telephone _____ Social Security _____

Position(s) _____ Salary Requirements _____

Will you work? Full Time Part Time Temporary Date available _____

If part time how many hours per week will you work? _____ Salary Requirements _____

Days & Hours of Availability: _____

Are you legally eligible for employment? Yes No
(Proof will be required)

Are you of legal age to work? Yes No

Are you related to any Citizens Bank Employee? Yes No

If yes, to whom are you related? _____ Relationship: _____

If referred, by whom? _____

Employment Record

List all previous employers, beginning with present or most recent. If you need additional space, please continue on another sheet of paper.

	Job Responsibilities
Employer _____	_____
Address _____	_____
Telephone () _____	_____
Position _____	_____
Supervisor _____	_____
From _____ To _____ Last Wage _____	_____
Reason for leaving _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Job Responsibilities
Employer _____	_____
Address _____	_____
Telephone () _____	_____
Position _____	_____
Supervisor _____	_____
From _____ To _____ Last Wage _____	_____
Reason for leaving _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Job Responsibilities
Employer _____	_____
Address _____	_____
Telephone () _____	_____
Position _____	_____
Supervisor _____	_____
From _____ To _____ Last Wage _____	_____
Reason for leaving _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Job Responsibilities
Employer _____	_____
Address _____	_____
Telephone () _____	_____
Position _____	_____
Supervisor _____	_____
From _____ To _____ Last Wage _____	_____
Reason for leaving _____	_____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Educational Background

Name of High School _____

Location _____

Course of Study _____ Did you graduate? Yes No

Degree/Diploma _____

College _____

Location _____

Course of Study _____ Did you graduate? Yes No

Degree/Diploma _____

Graduate School _____

Location _____

Course of Study _____ Did you graduate? Yes No

Degree/Diploma _____

Other education or training _____

Honors or Awards Received _____

Special Skills & Qualifications _____

Office Machines _____

Software/Computer Skills (Please list & indicate level of knowledge)

_____ Limited Intermediate Advanced

_____ Limited Intermediate Advanced

_____ Limited Intermediate Advanced

_____ Limited Intermediate Advanced

List membership in professional and civic associations _____

(Exclude those which may disclose your race, color, religion, or national origin)

Why are you applying at Citizens Bank? _____

List any additional job related information you want considered: _____

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application may result in rejection of my application or termination thereafter. I understand that this application does not represent an offer of employment. I understand that employment with Citizens Bank is at will. If employed, I may terminate employment at any time for any reason, and Citizens Bank may terminate my employment at any time for any reason.

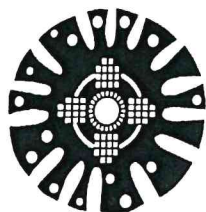
Signature

Date

FOR COMPANY USE:

IF APPLICABLE:	YES	NO	DATE
Credit Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Criminal Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Required Testing	<input type="checkbox"/>	<input type="checkbox"/>	
Offered	_____		
Start Date	_____		
Accepted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Application Received _____
 Position(s) for consideration _____
 Is this position currently open? Yes No
 Interviewed _____
 Comments _____



CITIZENS BANK

O F L A S C R U C E S

DISCLOSURE TO EMPLOYMENT APPLICANT/EMPLOYEE REGARDING PROCUREMENT OF CONSUMER REPORT

In connection with your application for employment, or evaluation of employment or for other employment purposes, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, or employment status, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment, employment status or as part of the bank's safety and soundness best practices.

Printed Name

Signature

Social Security Number

Date

Address

City, State, Zip

Previous Address

Previous City, State, Zip

APPLICANT DATA RECORD

Applicants are considered for all positions and employees are treated, during employment, without regard to race, color, religion, gender, national origin, citizenship, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government record keeping and other legal requirements. Completion of the Applicant Data Record is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

This data is utilized for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Position(s) Applied For: _____ Today's Date: _____

Referral Source: ___ Employee ___ Advertisement ___ Friend ___ Relative ___ School
 ___ Walk-in ___ Employment Agency ___ Other _____

Applicant Name: _____ Telephone Number: (____) _____
 Last First Middle

Address: _____
 Street # & Name City State Zip Code

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the gender, ethnicity, disabled and veteran status of employees. This data is for EEO-1 and affirmative action surveys. Submission of information is voluntary.

Gender: ___ Male ___ Female

Race/Ethnicity Group:

___ Hispanic or Latino **OR** ___ White
 ___ Black or African American
 ___ Asian
 ___ American Indian/Alaskan Native
 ___ Native Hawaiian or Other Pacific Islander
 ___ Two or More of the above Races
 (check applicable races--preferred, but not required)

___ I prefer not to provide this information.

Veteran/Disabled Status (check if applicable):

___ Vietnam Era Veteran ___ Disabled Veteran ___ Individual with a Disability

Education Level: _____ Job Group Code: _____ (Use codes listed on the back of this form)

EDUCATION LEVEL CODE
(Highest Level Completed)

<u>CODES</u>	<u>DESCRIPTION</u>	<u>CODES</u>	<u>DESCRIPTION</u>
00	Normal Education	09	Bachelor of Arts
01	Completed 1 to 9 years	10	Bachelor of Business
02	Completed 10 to 12 years	11	Bachelor of Science
03	GED HS Equivalent	12	Bachelor of Law
04	High School Graduate	13	Bachelor of Social Sciences
05	Trade School Graduate	14	Bachelor – Other
06	Business College Graduate	15	Post Graduate
07	Some College	16	Masters
08	Associates	17	Other Formal Education

JOB GROUP CODES
(Best Describes The Position You Are Applying For)

- 01 **MANAGEMENT** – personnel who set broad policies, exercise over-all responsibility for execution of policies, and direct department or phases of firm’s operations. Positions include: presidents, executive vice presidents, senior vice presidents, and members of executive management.

- 1.2 **MID LEVEL OFFICIALS AND MANAGERS**-Individuals who serve as managers other than those who serve at an Executive level. This includes those who oversee and direct the direct delivery of products, services or functions or responsible for executing the day-to-day operational objectives of the organization. Positions include: officers, operations and production managers, and branch managers.

- 02 **PROFESSIONAL** – occupations requiring either college degree or experience of kind and amount to provide a comparable background. Positions include: accountants, auditors, budget analysts, computer specialists, computer programmers, etc.

- 03 **TECHNICIANS** – occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education. Positions include: computer programmers, drafters, engineering aides, mathematical aides, licensed practical or vocation nurses, radio operators, technicians (medical, dental, electronic, physical science), etc.

- 04 **SALES** – occupations engaging wholly or primarily in direct selling. Positions include: advertising agents and sales workers, insurance agents and brokers, real estate agents, sales clerks and representatives, etc.

- 05 **ADMINISTRATIVE SUPPORT** – all positions of a “general” office or clerical nature; it is not an indication of difficulty level. Positions include: tellers, administrative assistants, new accounts clerks, collectors, accounting clerks and bookkeepers, computer operators, runners, general clerks, maintenance workers, etc.

- 06 **CRAFT WORKERS** – manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Positions include: building trades, mechanics, repairers, handpainters, etc.

- 07 **OPERATIVES** – all positions that operate machine or processing equipment or perform other factory-type duties. Positions include: delivery workers, carpenters, electricians, machinists, mechanics, printing trades, motor operators, etc.

- 08 **LABORER** – all positions in manual occupations which generally require no special training and perform elementary duties that may be learned in a few days and require little or no independent judgment. Positions include: garage laborers, car washers, groundskeepers, gardeners, laborers performing lifting, digging, mixing and loading operations, etc.

- 09 **SERVICE WORKER** – personnel in service occupations. Positions include: cooks, waiters, waitresses, usher, guides, guards, nurses aides, orderlies, etc.

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.¹ 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.

¹ 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.

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.