



# EMPLOYMENT APPLICATION

Security State Bank is an Equal Employment Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status, or individuals with disabilities.

**PLEASE PRINT & ANSWER ALL QUESTIONS – DO NOT USE THE TERM "REFER TO RESUME"**

Date of application: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ (Job descriptions for all positions are available.)

Full-time or part-time employment desired? \_\_\_\_\_ If part-time, hours per week desired? \_\_\_\_\_

Hours available for work: \_\_\_\_\_ Will you work weekends/overtime? \_\_\_\_\_

Referred by: \_\_\_\_\_  Advertisement  Walk In  Relative  Friend  Other

Briefly state why you would like to work for Security State Bank: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other names that you have used that may affect employment verification: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Position: \_\_\_\_\_

List any relatives employed by our bank: \_\_\_\_\_

**SKILLS & EXPERIENCE:** Indicate the skills or tasks you believe yourself to be trained or experienced in, with or without accommodation. If accommodation is requested, please identify what accommodations may be appropriate. We comply with state and federal laws regarding employment of persons with disabilities.

- Technology  Cash Handling  Customer Service  Sales  Banking
- Bookkeeping  Accounting  Filing/Scanning  Keyboarding  10-Key/Data Entry
- Computer  Microsoft Word  Microsoft Excel  Other: \_\_\_\_\_

Do you have any experience, training, or special skills which you feel make you especially suited for employment at Security State Bank?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

	Name/Location	Course of Study	Degree
High School			
College/University			
Other			

**EMPLOYMENT HISTORY:** List most recent employment first.

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Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Worked From \_\_\_\_\_ To \_\_\_\_\_ (Month/Day/Year) Hours/Week \_\_\_\_\_  
Position and duties \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact for reference? \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Worked From \_\_\_\_\_ To \_\_\_\_\_ (Month/Day/Year) Hours/Week \_\_\_\_\_  
Position and duties \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact for reference? \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Worked From \_\_\_\_\_ To \_\_\_\_\_ (Month/Day/Year) Hours/Week \_\_\_\_\_  
Position and duties \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact for reference? \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Worked From \_\_\_\_\_ To \_\_\_\_\_ (Month/Day/Year) Hours/Week \_\_\_\_\_  
Position and duties \_\_\_\_\_  
Supervisor's name & title \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact for reference? \_\_\_\_\_

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REFERENCES: (Name, title, address, and phone number of two people you have known for 3 years, familiar with your work performance.)  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application or separation from employment if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I agree that no representative of Security State Bank has made any assurances to the contrary.

I give the employer the right to investigate all references, driving record, background investigation and a credit check, and to secure additional information about me, if job related. I understand that I may receive, upon written request, additional information on information sought. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information. This application is current for 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RETURN COMPLETED APPLICATION IN PERSON TO THE SECURITY STATE BANK HUMAN RESOURCES DEPARTMENT  
1930 SOUTH GOLD STREET, CENTRALIA, WA 98531**

**INVITATION TO SELF-IDENTIFY  
PLEASE ANSWER THE FOLLOWING QUESTIONS**

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, sexual orientation, gender identity, national origin, protected veterans status, or individuals with disabilities.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, 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.

What is your gender? You may mark only one box.

Male

Female

What is your race/ethnicity? You may mark only one box.

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

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

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

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

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.

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 maintains 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.

I identify as one or more of the classifications of protected veteran (see reverse side for definitions).

I am a protected veteran

I am NOT a protected veteran

I don't wish to answer

## **Invitation to Self-Identify as a Protected Veteran for both Applicants and New Hires**

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, 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.

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.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box on the reverse side of this form. 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.

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. Security State Bank is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veterans, or individuals with disabilities.

## 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](http://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

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

# **Authorization to Obtain Credit Report Information From an Outside Source**

**By signing this document, I authorize Security State Bank to obtain information regarding my credit worthiness, standing, or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by Security State Bank in making a decision regarding my employment.**

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**Applicant Name (please print)**

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**Date**

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**Signature of Applicant**