



EMPLOYMENT APPLICATION

Security State Bank is an Equal Employment Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to age (over 40 years old), race, color, religion, national origin, sex (including pregnancy, childbirth, sexual orientation, gender identity), marital status, genetic information, veteran or military status, individuals with disabilities, or other characteristics protected by applicable federal or state law.

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: _____ Home Phone: _____ Cell 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.

- | | | | | |
|--------------------------------------|---|---|---------------------------------------|--|
| <input type="checkbox"/> Technology | <input type="checkbox"/> Cash Handling | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Sales | <input type="checkbox"/> Banking |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Accounting | <input type="checkbox"/> Filing/Scanning | <input type="checkbox"/> Keyboarding | <input type="checkbox"/> 10-Key/Data Entry |
| <input type="checkbox"/> Computer | <input type="checkbox"/> MicroSoft Word | <input type="checkbox"/> MicroSoft Excel | <input type="checkbox"/> 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.

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

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

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

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

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

Are you legally eligible for employment in this country? _____ (Proof of legal right to work in the United States will be required upon employment.)

Are you over the age of eighteen? _____ (If no, hire is subject to verification that you are of minimum legal age.)

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 understand that no representative of the organization has 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**

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

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, or national origin.

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.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

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.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want 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

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 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:

Definitions

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 discharged or released during the most recent 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.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. Please indicate your veteran status by checking the appropriate box below.

- ☐ I identify as one or more of the classifications of protected veteran listed above.
- ☐ I am NOT a protected veteran.
- ☐ I choose not to self-identify.

Name

Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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.

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.