WOODSVILLE GUARANTY SAVINGS BANK

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, VETERAN STATUS OR ANY NON-JOB RELATED DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES.

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. APPLICATIONS WILL BE CONSIDERED FOR VACANCIES WHICH ARISE DURING THE 60 DAY PERIOD FOLLOWING SUBMISSION. APPLICANTS SHOULD COMPLETE AN UPDATED APPLICATION IF NOT CONTACTED AND/OR HIRED DURING THIS 60 DAY EVALUATION PERIOD.

PLEASE COMPLETE THIS FORM CAREFULLY IN YOUR OWN HANDWRITING. REPLIES TO ALL QUESTIONS WILL BE HELD IN STRICTEST CONFIDENCE. IF YOUR ANSWERS OR STATEMENTS REQUIRE ADDITIONAL SPACE, OBTAIN SUPPLEMENTAL SHEETS FROM THE RECEPTIONIST.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE FOR WHICH YOU ARE INTERESTED IN BEING CONSIDERED. INDIVIDUALS WHO EXPRESS AN INTEREST IN "ANY" POSITION, OR A GENERIC TITLE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

POSITION SOUGHT: _____ DATE: _____

APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

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

PLEASE PRINT Date_____

Position Applied For _____

Name _____ (_____) Phone _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

Referral Source:

☐ Advertisement ☐ Friend ☐ Relative

☐ Employment Agency ☐ Walk In Other _____

CONFIDENTIAL INFORMATION
VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

☐ Male ☐ Female

Check one of the following Race/Ethnic Groups:

☐ Hispanic or Latino ☐ Other

If other, check one of the following Race/Ethnic Groups:

☐ White ☐ Black or African American

☐ Asian ☐ Two or more Races

☐ Native American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

If Native American Indian, check if any of the following are applicable:

☐ Formal member of a particular tribe

☐ Have a membership card issued by the tribe

☐ Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs

☐ Are considered an American Indian in your community

☐ Used American Indian School or hospital

I am:			
1.	A Disabled Veteran	☐ Yes	☐ No
2.	An Armed Forces Service Medal Veteran	☐ Yes	☐ No
3.	A Recently Separated Veteran	☐ Yes	☐ No
4.	An Active Duty Wartime or Campaign Badge (Other Protected) Veteran	☐ Yes	☐ No

Definitions:

1. A Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

2. 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 (61 Fed. Reg. 1209) at http://www.opm.gov/veterans/html/vgmedal2.asp.

3. Recently Separated Veterans 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.

4. Active Duty Wartime or Campaign Medal (Other Protected) Veterans 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. For those with Internet access, the information required to make this determination is available at http://www.opm.gov/veterans/html/vgmedal2.htm. Information also may be obtained by sending an email to helpdesk@vets100.com or by calling (301) 306-6752.

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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.[i] 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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 _____

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.

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[i] 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.

PAY TRANSPARENCY

NONDISCRIMINATION PROVISION

The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.

If you believe that you have experienced discrimination contact OFCCP
1.800.397.6251 | TTY 1.877.889.5627 | www.dol.gov/ofccp

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS
OFCCP

200 CONSTITUTION AVENUE NW | WASHINGTON, DC 20210 | tel: 1-800-397-6251 | TTY: 1-877-889-5627 | www.dol.gov/ofccp