



## EMPLOYMENT APPLICATION

### Part 1

**Please answer all questions completely and print legibly.**

CONNECTICUT COMMUNITY BANK, N. A. ("the Bank") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Bank considers applicants for all positions without regard to race, color, religious creed, gender, gender identity/expression, genetic information, national origin, ancestry, age, disability, marital status, veteran status, sexual orientation, hair texture/protective hairstyles, status as a domestic violence victim, erased criminal record or any other legally protected status.

**The completion of this Employment Application does not guarantee an interview or employment.**

#### GENERAL INFORMATION

Date completed: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Full Middle Name or N/A

Former Name (if applicable): \_\_\_\_\_  
Last First Full Middle Name or N/A

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone Number: \_\_\_\_\_

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

Number of years/months you have resided at above address: \_\_\_\_\_

If less than one year at above address, provide prior address below:

Address: \_\_\_\_\_  
Street City State Zip Code

Are you eligible to work legally in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes \_\_\_\_\_ No \_\_\_\_\_

---

## INFORMATION

---

Which position are you applying for (be specific)? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Hourly Rate/Salary desired? \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if your job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to the Bank before or worked for the Bank before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under what name, dates of employment and department?

---

---

Do you have any friends or relatives working here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and relationship to you:

---

Use the space below to describe your interest in banking and the skills and aptitudes that you feel qualify you for a position at the Bank. If you need more space, please continue on back.

---

---

---

---

---

---

---

---

## EDUCATION/TRAINING

---

High School/Prep/GED	City and State	Diploma/Degree
----------------------	----------------	----------------

Undergraduate	City and State	Course of Study	Diploma/Degree
---------------	----------------	-----------------	----------------

Graduate/Professional/Trade	City and State	Course of Study	Diploma/Degree
-----------------------------	----------------	-----------------	----------------

If you did not graduate, explain your reasons for leaving.

Are you planning to pursue further studies?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and what courses?

U.S. Military or Naval Service

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in National Guard or Reserves

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Rank \_\_\_\_\_

List any scholastic honors earned in high school, undergraduate, graduate/military/trade school.

Describe any certifications, licenses, specialized training/computer skills and/or apprenticeships.

## EMPLOYMENT EXPERIENCE

Provide ten years of employment history starting with current or most recent. Include any self-employment, temporary/summer, part-time, and military service assignments that you have held for more than 30 consecutive days. If you need additional space, please continue on back.

**PRESENT EMPLOYER** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary/Summer \_\_\_ Self-employed/family business \_\_\_ Military

Address \_\_\_\_\_

Business Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments:

Supervisor Name/Title/Telephone Number/Email:

Reason for leaving:

Were you terminated involuntarily or forced to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

**PAST EMPLOYER** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary/Summer \_\_\_ Self-employed/family business \_\_\_ Military

Address \_\_\_\_\_

Business Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments:

Supervisor Name/Title/Telephone Number/Email:

Reason for leaving:

Were you terminated involuntarily or forced to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

**PAST EMPLOYER** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary/Summer \_\_\_ Self-employed/family business \_\_\_ Military

Address \_\_\_\_\_

Business Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments:

\_\_\_\_\_

\_\_\_\_\_

Supervisor Name/Title/Telephone Number/Email:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Were you terminated involuntarily or forced to resign from employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

---

### PROFESSIONAL REFERENCES

---

Provide the names of three individuals not related to you whom you have known at least one year.

<u>NAME</u>	<u>ADDRESS</u>	<u>CONTACT NUMBER</u>	<u>HOW DO YOU KNOW THEM</u>
-------------	----------------	-----------------------	-----------------------------

1.	_____	_____	_____
----	-------	-------	-------

2.	_____	_____	_____
----	-------	-------	-------

3.	_____	_____	_____
----	-------	-------	-------

---

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

---

Government agencies require periodic reports on the gender and ethnicity of applicants. This data is for analysis in preparing government reports and for affirmative action purposes only. It is confidential and will be kept separate from your Employment Application. Those making the hiring decision will not use it.

**YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION BUT YOUR COOPERATION IN COMPLETING THIS FORM WOULD BE APPRECIATED.**

Location of position: \_\_\_\_\_

Position applied for: \_\_\_\_\_

**GENDER:**      Male \_\_\_\_\_ Female \_\_\_\_\_

**RACE/ETHNIC GROUP** (see definitions below) (CHECK ONE):

White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Two or More Races \_\_\_\_\_

**DEFINITIONS:**

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

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

**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.

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

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

**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 maintain 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

### Why are you being asked to complete this form?

Connecticut Community Bank is 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](http://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

Name: \_\_\_\_\_

Position (Sought or Held): \_\_\_\_\_

Date: \_\_\_\_\_

### For Employer Use Only

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

106618

## Voluntary Self-Identification of Veterans

### 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 veterans in accordance with the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. To help us measure how well we are doing, we are asking you to tell us if you are a qualified veteran. 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 a veteran 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 being a veteran on this form without fear of any punishment because you did not identify as being a veteran earlier.

### How do I know if I am a Qualified Veteran?

You are considered to be a qualified veteran if you are one of the following.

**Recently Separated Veteran:** means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.

**Armed Forces Service Medal Veteran:** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Other Protected Veteran:** means any 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.

**Disabled Veteran:** means 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 who has the ability to perform the essential functions of the employment position at issue with or without reasonable accommodation.

### Please check one of the following options below:

Not a Veteran \_\_\_\_\_ Recently Separated Veteran \_\_\_\_\_ Armed Forces Service Medal Veteran \_\_\_\_\_  
Disabled Veteran \_\_\_\_\_ Other Protected Veteran \_\_\_\_\_ Do Not Wish To Answer \_\_\_\_\_

Name: \_\_\_\_\_

Position (Sought or Held): \_\_\_\_\_

Date: \_\_\_\_\_

### Reasonable Accommodation Notice

If you checked "Yes" to "Disabled Veteran" above, 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.

\_\_\_\_\_  
\_\_\_\_\_