



## EMPLOYMENT APPLICATION

### Part 1

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

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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, pregnancy/childbirth/related medical conditions/lactation, 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, status as a victim of sexual assault/sex trafficking, erased criminal record or any other legally protected status.

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

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#### GENERAL INFORMATION

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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: \_\_\_\_\_

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.

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**EDUCATION/TRAINING**

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High School/Prep/GED	City and State	Diploma/Degree
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Undergraduate	City and State	Course of Study	Diploma/Degree
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Graduate/Professional/Trade	City and State	Course of Study	Diploma/Degree
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If you did not graduate, explain your reasons for leaving.

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Are you planning to pursue further studies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and what courses?

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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.

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

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## EMPLOYMENT EXPERIENCE

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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:

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Supervisor Name/Title/Telephone Number/Email:

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Reason for leaving:

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

If yes, please explain:

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**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:

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Supervisor Name/Title/Telephone Number/Email:

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Reason for leaving:

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

If yes, please explain:

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**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:

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Supervisor Name/Title/Telephone Number/Email:

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Reason for leaving:

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

If yes, please explain:

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### **PROFESSIONAL REFERENCES**

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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>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(1/2026)

## 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 “Protected” Veteran Status

#### **Why Are You Being Asked to Complete This Form?**

We are a federal 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). VEVRAA requires contractors to take affirmative action to employ and advance in employment protected veterans. To help measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way. 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](http://www.dol.gov/ofccp).

#### **How Do You Know if You Are a Veteran Protected by VEVRAA?**

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War. If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined below and explained further in an “Am I a Protected Veteran?” infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW  
 I AM NOT A PROTECTED VETERAN  
 I DO NOT WISH TO ANSWER

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Your Name

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Date

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Position (Sought or Held)

#### **What Categories of Veterans Are “Protected” by VEVRAA?**

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A “**disabled veteran**” is 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.
2. 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.
3. 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.
4. 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.