

# APPLICATION FOR EMPLOYMENT

## CENTRAL NATIONAL BANK

P.O. BOX 340

POTEAU, OKLAHOMA 74953

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services, and employment is available to all persons. Any applicant requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source:            Walk-in            Employee            Government Employment Agency  
   Company's Website            School            Advertising            Other \_\_\_\_\_

Please Name the Source \_\_\_\_\_

Best Time to call you at Home is \_\_\_\_\_ A.M.    P.M.

May we contact you at work?    Yes    No    If no, please explain \_\_\_\_\_

Have you ever been employee here before? \_\_\_\_\_ If yes, give dates \_\_\_\_\_

Are you legally eligible for employment in this country?            Yes    No

Date available for work? \_\_\_\_\_

What is your desired salary range or hourly rate of pay?    \$ \_\_\_\_\_ per \_\_\_\_\_

Type of employment desired:    Full Time            Part Time            Seasonal

Will you travel if job requires it?            Yes    No

If you are under 18 and it is required, can you furnish a work permit?            Yes    No

If they have been explained to you, are you able to meet the attendance requirements of the position?            Yes    No

Will you work overtime if required?            Yes    No    If no, please explain

Have you ever been bonded?            Yes    No

Answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?            Yes    No

If Yes, please provide date(s) and details \_\_\_\_\_

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## Employment History:

Starting with your most recent employer, provide the following information.

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Compensation: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

May we contact for a reference \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list phone number \_\_\_\_\_

Summarize the job responsibilities and the type of work performed

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Compensation: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

May we contact for a reference \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list phone number \_\_\_\_\_

Summarize the job responsibilities and the type of work performed

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Compensation: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

May we contact for a reference \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list phone number \_\_\_\_\_

Summarize the job responsibilities and the type of work performed

\_\_\_\_\_

Why did you leave? \_\_\_\_\_



# Central National Bank Employment Application

## References:

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to you	Telephone	Years known

## Additional Information:

Membership in professional and civic organizations: (Exclude those which may disclose your race, color, religion, age, or national origin or any other similarly protected status)

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## Applicant Statement:

**Please read and understand this statement before signing your application.**

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Central National Bank Employment Application

## Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete the applicant data survey.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision and providing this information is strictly voluntary. The information will be used and kept confidential in accordance with applicable laws and regulations. Your cooperation is appreciated.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

### **Referral Source:**

Walk-in      Government Employment Agency      Employee  
Relative      School      Advertisement      Other \_\_\_\_\_

Name of person who referred you (If applicable) \_\_\_\_\_

### **Applicant information:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Male      \_\_\_\_\_ Female

### **Identification Group:**

American Indian      Hispanic      Asian      White  
Black/African American      Native Hawaiian      Alaskan Native

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

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

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

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

## **Invitation to Self-Identify: Veterans—PRE-OFFER**

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 State 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

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.

I identify as one or more of the classifications of protected veteran listed above

I am not a protected veteran

2. 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.

3. 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.