Citizens Bank & Trust COMPANY

Citizens Bank & Trust Company is an Equal Opportunity and Affirmative Action employer and does not discriminate against applicants on the basis of race, color, religion, age, gender, marital or veteran status, national origin, disability, or any other status protected by law. This application does not constitute a promise or guarantee of employment.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT) Date of Application: _____

Name: _____
FIRST MIDDLE LAST

Address: _____
P.O. BOX / STREET & NUMBER CITY STATE ZIP

Home Phone: _____ Alternate Phone: _____

Are you 18 years or older? ____Yes ____No Email Address: _____

Are you legally eligible for employment in the United States? ____Yes ____No
(If offered employment, you will be required to provide documentation to verify eligibility).

Position applied for: _____

For branch positions, please indicate desired branch: _____

Are you available to work: _____ Full Time _____ Part Time

How did you hear about the position? _____

When will you be available to start work? _____

Have you been employed by Citizens Bank & Trust Company before? ____Yes ____No

If yes, give date(s) and position: _____

Do you have any relatives employed by this company? ____Yes ____No

If yes, give name and relationship: _____

Are you employed now? ____Yes ____No If yes, may we contact your employer? ____Yes ____No

Have you ever been convicted of a crime other than minor traffic offenses? ____Yes ____No
(Records sealed by a court of law are not required to be disclosed; a conviction does not necessarily automatically disqualify you for employment.)

If yes, explain: _____

_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Explain any gaps in employment. **Complete all areas even if resume is attached.**

Employer:	Telephone:	From: To:
Address:	City, State, Zip	Job Title:
Work Performed:		
Reason For Leaving:		Supervisor:
Employer:	Telephone:	From: To:
Address:	City, State, Zip	Job Title:
Work Performed:		
Reason For Leaving:		Supervisor:
Employer:	Telephone:	From: To:
Address:	City, State, Zip	Job Title:
Work Performed:		
Reason For Leaving:		Supervisor:
Employer:	Telephone:	From: To:
Address:	City, State, Zip	Job Title:
Work Performed:		
Reason For Leaving:		Supervisor:
Employer:	Telephone:	From: To:
Address:	City, State, Zip	Job Title:
Work Performed:		
Reason For Leaving:		Supervisor:

If you are known by other names at these employers, please list those names:

PERSONAL REFERENCES

List names, address and relationships of three persons not related to you who know your qualifications.

Name:	Telephone:	Years Acquainted:
Address:	City, State, Zip	Relationship:
Name:	Telephone:	Years Acquainted:
Address:	City, State, Zip	Relationship:
Name:	Telephone:	Years Acquainted:
Address:	City, State, Zip	Relationship:

EDUCATION

High School: (Name, City, State)	High School Diploma Received? ____Yes ____No	If you did not complete high school, do you have a high school equivalency diploma? ____Yes ____No	
College/University: (Name, City, State)	Course of Study or Major:	Years Completed:	Degree:
Graduate: (Name, City, State)	Course of Study or Major:	Years Completed:	Degree:
Vocational: (Name, City, State)	Course of Study or Major:	Years Completed:	Diploma/Degree:

If you expect to complete an educational program in the near future, please indicate what type of degree or program and the expected completion date.

Use this space for any additional information you think would help us evaluate your application, including training, seminars, and special achievements or specialized skills (*exclude those indicating race, color, religion, age, sex, marital or veteran status, national origin, or disability.)*

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Citizens Bank & Trust Company to verify their accuracy and to obtain reference information on my work performance. I hereby release Citizens Bank & Trust Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

By signing below I acknowledge that I have read, understood and agree to the above certification.

Signature of Applicant: _____ Date: _____

NOTICE TO APPLICANTS AND EMPLOYEES

Citizens Bank & Trust Company is an equal opportunity/affirmative action employer. To this end, the Company maintains an affirmative action plan for persons with disabilities, and for disabled veterans, other protected veterans, recently separated veterans, and Armed Forces Service Medal veterans. This plan, or portions thereof, that will enable you to avail yourself of its benefits, is available for inspection by contacting Brittany A. Madison, Affirmative Action Administrator, during normal business hours.

Brittany A. Madison

Brittany A. Madison, Affirmative Action Administrator

VOLUNTARY SELF-IDENTIFICATION FORM PURSUANT TO VEVRAA, FOR APPLICANTS

Citizens Bank & Trust Company

Completion of this form is voluntary It will not be used in consideration of your application for employment

Citizens Bank & Trust Company 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 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.

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.

CHECK ONE:

☐ **I identify as, or belong to, one or more of the classifications of protected veteran listed above.**

☐ **I am not a protected veteran.**

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 06/30/2026

Name: Date:

Employee ID:
(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: