

# Robertson Banking Company

EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

Applications must be complete and legible. All questions must be answered. If a question does not apply to you, write the words 'Not Applicable' as the answer.

**Print**

Name \_\_\_\_\_ (Social Security Number) \_\_\_\_\_  
 (First) (Middle) (Last) (Date)

Address \_\_\_\_\_ (Telephone Number) \_\_\_\_\_  
 (City) (State) (zip) (Length of Time at this address)

List last previous address, except Military, if changed during the past 5 years.

\_\_\_\_\_  
 (Street) (City) (State) (zip) From (Date) to \_\_\_\_\_

Permanent Address (if different from current address)

\_\_\_\_\_  
 (Street) (City) (State) (zip) (Telephone Number)

Type of work desired \_\_\_\_\_ Check One: Part-time Full-time Either

Salary Requirements \_\_\_\_\_ Are you age 18 or older? \_\_\_\_\_ Date available for work \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Are you legally authorized to work in U.S.? \_\_\_\_\_

Will you now or in the future require sponsorship for an employment visa status? \_\_\_\_\_

Have you ever been convicted, or plead "guilty" or "no contest" to a criminal offense? \_\_\_\_\_\*

Have you ever been fired for violence, threats, insubordination, misconduct, or absenteeism? \_\_\_\_\_\*

\*If **yes**, give details on final page.

<u>Education</u>	Name	Location	Major	Circle last year completed	If graduated, When?	Degree
High School or Preparatory				1 2 3 4		
Business or Trade School				1 2		
College or University				1 2 3 4		
Graduate Work				1 2 3 4		

List scholastic honors, offices held, and activities held while in school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer and part-time jobs.

Names and Address of Former Employer	Dates Employed	Position & Duties	Final Salary	Reason for Leaving
Company	From			
Address				
City,State,Zip	To			
Supervisor				
Company	From			
Address				
City,State,Zip	To			
Supervisor				
Company	From			
Address				
City,State,Zip	To			
Supervisor				
Company	From			
Address				
City,State,Zip	To			
Supervisor				

If you need more space, please continue on the back page.

If you are now employed, may we contact your present employer? \_\_\_\_\_

## UNEMPLOYMENT RECORD

Account for all periods of unemployment of 2 weeks or more since you left school until the present time.

FROM	TO	STATE WHAT YOU WERE DOING

## FINANCIAL DATA

Have you ever held a position where you handled cash? \_\_\_\_\_ (Identify) \_\_\_\_\_

Do you maintain a good credit record? \_\_\_\_\_ yes; \_\_\_\_\_ no; \_\_\_\_\_ I have no credit history.

Have you ever been refused a surety bond, had a surety bond canceled or had a claim paid under your bond? \_\_\_\_\_ If yes, give details on reverse side.

## MILITARY SERVICE RECORD

Have you served in the Armed Forces of the United States? \_\_\_\_\_

Date of entry \_\_\_\_\_ Rank at entry \_\_\_\_\_ Branch of Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Are you at present in any active or inactive reserve of the National Guard? \_\_\_\_\_

## PERSONAL REFERENCES

Give three references who are mature persons of good standing in their community, and who have known you for the past THREE years or more. Suggested references include former employers or fellow employees. You may include friends or acquaintances presently employed by this Company.

NAME	ADDRESS	PHONE	OCCUPATION

## APPLICANT'S STATEMENT

I certify that the answers given in this application are true and complete to the best of my knowledge and I have not knowingly withheld information which might, if disclosed, affect my application unfavorably. I understand that employment arrangements entered into between the Company and me will be based upon the truthfulness and completeness of this application. Misstatements, falsifications, or omissions of any information submitted by me may result in the rejection of my application and if I have already been employed, may be cause for dismissal.

I have read and understand that this application is good for **ninety (90) days** and if not offered employment during that time will necessitate that I renew this application in order to be considered beyond that date. I understand that the Company does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, genetic or family medical history information, handicap, qualified veteran status or age. No question on this application is intended to secure information as such.

I further understand that submission of this application does not imply that I will be employed, even though I will be given every consideration. I hereby give full release for the Company to check my background and with my references, as well as investigate my credit history and criminal record. This may include searches of social media and other sources of public information. The Company, at its own expense, arranges for a surety bond for each of its employees and if, because of my background, the Company is unable to place the required bond, the Company will be unable to continue my employment.

I further understand that if I am employed, my employment will be at will. No agent or either party hereto has the authority to agree otherwise.

I have read carefully and understand the above.

\_\_\_\_\_  
Signature of Applicant

## APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

Robertson Banking Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please select the categories that best describe you.

### **Race/Ethnicity**

- White
- Black or African American
- Asian
- Other Pacific Islander or Native Hawaiian
- American Indian or Alaska Native
- Hispanic or Latino
- Other \_\_\_\_\_

### **Gender**

- Male
- Female

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(Date)

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(Signature)

# Robertson Banking Company

## Preemployment Authorization of Background Investigation

I am informed that, as part of the normal pre-employment process, an investigation into my background may be conducted. I hereby authorize Robertson Banking Company to obtain my public record, and I acknowledge receipt of the FCRA Disclosure. I also authorize the Bank to retain this document to use as authorization to investigate my record in the future in the event that I am hired.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\*\*\*\*\*

## DISCLOSURE

*of*

## FAIR CREDIT REPORTING ACT

You are hereby notified, as required by Section 604(b) of the Fair Credit Reporting Act (FCRA), that an investigation of your background may be conducted as part of our preemployment screening process. If any adverse action is taken in regard to your possible employment, based on the results of the report, you will be notified of such action and a disclosure of additional rights will be provided to you at that time.

Robertson Banking Company

# Invitation to Self-Identify

## VETERANS POST OFFER

(Insert your bank name here) 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.

I identify as one or more of the classifications of Protected Veteran listed above.

I am not a Protected Veteran

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(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](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

**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: