
FirstTier Bank is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, gender, sexual orientation, age, marital or veteran status, pregnancy or disability, or any other basis protected under applicable law.

Applicant Information

Date:

First Name

Last Name

Address

E-mail Address

Phone

Position Applying For

Date Available

Desired Salary

Are you authorized to work in the U.S.?

☐ Yes

☐ No

Are you able to perform the essential functions of the job for which you are applying?

☐ Yes

☐ No

References

Please list three professional references (not relatives or employers)

Name

Relationship

E-mail Address

Phone

Name

Relationship

E-mail Address

Phone

Name

Relationship

E-mail Address

Phone

Education

High School

Did you graduate from high school?

☐ Yes

☐ No

☐

High School
Diploma

☐

G E D

College/University/Trade School/Business School

Degree

No. of
years
attended

College/University/Trade School/Business School

Degree

No. of
years
attended

Employment History

Company or Employer Name / Supervisor

How long did you work there?

Address & Phone

Job Title & Responsibilities

Reason for Leaving

Company or Employer Name / Supervisor

How long did you work there?

Address & Phone

Job Title & Responsibilities

Reason for Leaving

Company or Employer Name / Supervisor

How long did you work there?

Address & Phone

Job Title & Responsibilities

Reason for Leaving

Disclaimer and Signature

I understand that filling out this form does not indicate that there is a position open and does not obligate FirsTier Bank to hire me. I agree that nothing contained in this application, or conveyed during a future interview, is intended to create an employment contract, implied or explicit, between FirsTier Bank and myself. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or FirsTier Bank.

I understand that if FirsTier Bank hires me, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand that I cannot be hired if I cannot comply with these requirements. I understand that FirsTier Bank uses E-Verify to confirm my employment eligibility. To learn more about E-Verify, including rights and responsibilities, visit www.dhs.gov/E-Verify.

I further understand and agree that if hired, I will abide by all bank work rules, policies and procedures. FirsTier Bank retains the right to revise its policies and procedures, in whole or in part, at any time.

AUTHORIZATION:

I attest with my signature below that I have read and agree to the above application statements, terms and conditions. I certify that the facts contained in this application and accompanying resume (if applicable) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on my application or resume is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by FirsTier Bank.

Signature

Date

Affirmative Action: Applicant Invitation to Self-Identify: Veteran, Gender and Race (VEVRAA & EO 11246)

FirsTier Bank is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program.

We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: _____ Position Applied for: _____

Gender ☐ Male ☐ Female

Race or Ethnicity (select one)

- ☐ Hispanic or Latino
- ☐ White (not Hispanic or Latino)
- ☐ Black or African American (not Hispanic or Latino)
- ☐ Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- ☐ Asian (not Hispanic or Latino)
- ☐ American Indian or Alaskan Native (not Hispanic or Latino)
- ☐ Two or more races (not Hispanic or Latino)

Veteran Status**

- ☐ I am a protected veteran
- ☐ I am NOT a protected veteran
- ☐ I do not wish to self-identify

Date Completed: _____

*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

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

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

Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

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.

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.

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 races.

**PROTECTED VETERAN DEFINITION

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

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.

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 United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a 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.

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.

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:

Submit