

U.S. MILITARY SERVICE

Present Classification _____

Are you a member of National or State Guard or Active Reserve? Yes No

BRANCH	DATES		RANK WHEN ENTERING	RANK WHEN DISCHARGED
	FROM	TO		

Kind of training: _____

JOB SOUGHTPosition applied for: _____ Wage or salary desired: _____ hrly wkly yrlyType of employment desired (check one) Full-time Part-time Temporary SummerAre you willing to work overtime? Yes No Are you willing to work weekends? Yes NoAre you willing to travel? Yes No

Are there any times of the day, days of the week, or days during the year that you cannot work?

Times of the day _____ Days of the week _____ Days during the year _____

Date available to begin work _____ If hired, how will you get to work? _____

EMPLOYMENTHave you ever worked for this Company? Yes No If so, when? _____Have you ever previously applied to work for this Company? Yes No If so, when? _____Do you intend to work anywhere else in addition to working at this Company? Yes No

If so, where? _____

Are you presently employed? Yes No Name of Employer _____

Employer's Address _____

Why do you wish to change jobs? _____

LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY

NAME	RELATIONSHIP	WHERE (DEPARTMENT) EMPLOYED

REFERENCES --- Please list three business people, professionals, or other persons to whom you could turn for help.
Do not list relatives, former employers, or employees of this Company.

1.	Name	How long known	Occupation	Telephone
Complete Address				
2.	Name	How long known	Occupation	Telephone
Complete Address				
3.	Name	How long known	Occupation	Telephone
Complete Address				

WORK HISTORY --- Please account for your time for at least the past ten years. Account for any time during this period that you were unemployed by stating the nature of your activities. Begin with present and work backwards. Please indicate if you were employed under another name. *If additional space is needed for the past ten years, attach a separate sheet and give the same information called for below.*

NAME OF PRESENT (OR MOST RECENT) EMPLOYER			
COMPLETE ADDRESS (STREET/CITY/ZIP)		TELEPHONE NO.	
NATURE OF YOUR WORK		AVERAGE WORK WEEK	
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF ANY INACTIVITY BETWEEN THIS JOB AND ONE BELOW (IF APPLICABLE)			

NAME OF SECOND TO LAST EMPLOYER			
COMPLETE ADDRESS (STREET/CITY/ZIP)		TELEPHONE NO.	
NATURE OF YOUR WORK		AVERAGE WORK WEEK	
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF ANY INACTIVITY BETWEEN THIS JOB AND ONE BELOW (IF APPLICABLE)			

NAME OF THIRD TO LAST EMPLOYER			
COMPLETE ADDRESS (STREET/CITY/ZIP)		TELEPHONE NO.	
NATURE OF YOUR WORK		AVERAGE WORK WEEK	
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF ANY INACTIVITY BETWEEN THIS JOB AND ONE BELOW (IF APPLICABLE)			

NAME OF FOURTH TO LAST EMPLOYER			
COMPLETE ADDRESS (STREET/CITY/ZIP)		TELEPHONE NO.	
NATURE OF YOUR WORK		AVERAGE WORK WEEK	
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER			

PLEASE GIVE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP US IN CONSIDERING THIS APPLICATION

AGREEMENT (Read Carefully)

I, the undersigned, agree to the following: (1) That all information supplied in this application and any attached resume is true and correct and that any false or misleading information furnished by me regarding my application will be sufficient cause for rejection of this application or immediate dismissal if employed by the Company; (2) That, if such is required, I will take a drug/alcohol screen test during the application process after a conditional offer of employment, if one is made, or during employment, if hired, and will permit the results of any drug/alcohol screen or physical examination to be released to the Company and to release all persons and companies from any liability arising out of such examination or testing; (3) That during my employment with the Company, if hired, I will report to the Company any drug-related criminal conviction, within five days of that conviction; (4) That if hired, I agree to abide by and observe all Company rules and regulations and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at either the option of the Company or the employee and that those terms can only be modified by the President of the Company, in writing, provided that such writing specifically acknowledges that it is a modification of this agreement and is signed by the President; (5) That no supervisor, agent, representative, or employee of the Company has now or has had in the past any authority to enter into any agreement or employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies of the Company, either written or oral, modify the above terms; (6) That if hired, I may be on a ninety (90) day introductory period during which time I may be discharged without recourse; and (7) That the use of this application form does not indicate that there are any positions open and does not in any way obligate the Company or its associated Companies.

RELEASE (Read Carefully)

I, the undersigned, authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former and present employers, all credit bureaus, all court systems, and all of the representatives of those organizations to furnish to American Bank or its subsidiaries, associated companies, or representatives any and all information concerning my education, military service, former employment, credit history, and/or criminal convictions. In addition, I hereby agree to hold harmless and to release all of said organizations, institutions, services, employers, bureaus, courts, and representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the American Bank, its subsidiaries, associated companies, and representatives as a result of their furnishing information the American Bank, its subsidiaries, associated companies, or representatives.

Signature of Applicant: _____

Date: _____

American Bank is an Equal Opportunity Employer.
All applications are considered for employment without regard to race, color, sex, sexual orientation, gender, gender identity, marital status, age, religion, national origin, Veteran's status, disability that can be accommodated without undue hardship, genetics, or any other legally protected activity or characteristic.

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:

Invitation to Self-Identify

Name: _____

Position: _____

Date: _____

AMERICAN BANK is a Federal contractor and an **Equal Opportunity Employer**. **AMERICAN BANK** is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to 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 protected veterans. In order to comply with these laws, **AMERICAN BANK** invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. **AMERICAN BANK** does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

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.

Check one of the following:

- Male
- Female
- I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

Check one of the following:

- I identify as one or more of the classifications of protected veterans as defined on the following page
- I am not a protected veteran.
- I choose not to self-identify

Personal and Confidential

This page contains sensitive information, stored in secure "Affirmative Action Forms" files, separately from personnel records.

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Ethnicity and Race Definitions

- **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)** – A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - 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.
- **Recently Separated Veteran** - 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.
- **Active Duty Wartime or Campaign Badge Veteran** - 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** - 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.