



We receive applications and hire employees without regard to race, creed, color, sex, sexual orientation, gender identity, religion, age, national origin, marital status, physical or mental handicap, disability, veteran status and citizenship status, or any other protected category. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in First Federal Savings.

**Personal Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Last First Middle Initial  
 Present Address: \_\_\_\_\_  
 Street City State Zip  
 How long have you lived at above address? \_\_\_\_\_  
 Previous Address: \_\_\_\_\_  
 Street City State Zip  
 Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.  
 Are you legally eligible to work in the US? Yes No

**Employment Information**

Position applying for \_\_\_\_\_ Date available to work \_\_\_\_\_  
 Starting salary or pay rate do you expect? \_\_\_\_\_  
 Type of employment Full Time Part Time Temporary/Seasonal  
 What days and hours are you available to work? Days \_\_\_\_\_ Hours \_\_\_\_\_  
 Have you ever applied for a job with us before? Yes No When? \_\_\_\_\_  
 Have you ever been bonded? Yes No Have you ever been refused bond? Yes No If so, state reason and date: \_\_\_\_\_  
 Have you ever been convicted of any crime other than a minor traffic violation? Yes No If so, please explain: \_\_\_\_\_  
 Do you use illegal drugs? Yes No  
 Does your present employer know of your plans to change employment? Yes No Why do you desire to make a change? \_\_\_\_\_  
 Have you ever held a position of trust (handling money or confidential material)? Yes No  
 Do you have steady transportation to work? Yes No  
 Have you ever been discharged or asked to resign? Yes No  
 Are there any other experiences, skills, or qualifications you have that specifically relate to working here? \_\_\_\_\_  
 Can you perform the duties of the job for which you are applying, with or without reasonable accommodation? Yes No

**Education Information**

| SCHOOLING                     | YEARS COMPLETED | DEGREE RECEIVED AND MAJOR SUBJECT | NAME OF SCHOOL | LOCATION | DID YOU GRADUATE? |
|-------------------------------|-----------------|-----------------------------------|----------------|----------|-------------------|
| GRAMMAR OR HIGH SCHOOL        |                 |                                   |                |          |                   |
| TRADE BUS., OR CORRESPONDENCE |                 |                                   |                |          |                   |
| COLLEGE                       |                 |                                   |                |          |                   |
| GRADUATE                      |                 |                                   |                |          |                   |

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received. \_\_\_\_\_



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**PRIOR WORK RECORD** (Start with most recent or present employer)

|  |             |                |
|--|-------------|----------------|
| 1) Name, Address & Phone No. of Most Recent Employer |             | Telephone No.  |
| Immediate Supervisor (Name & Position)               | Date Hired: | Starting Rate: |
| Your Job Title & Duties                              | Date Left:  | Ending Rate:   |
| Reason for Leaving                                   |             |                |
| 2) Name, Address & Phone No. of Most Recent Employer |             | Telephone No.  |
| Immediate Supervisor (Name & Position)               | Date Hired: | Starting Rate: |
| Your Job Title & Duties                              | Date Left:  | Ending Rate:   |
| Reason for Leaving                                   |             |                |
| 3) Name, Address & Phone No. of Most Recent Employer |             | Telephone No.  |
| Immediate Supervisor (Name & Position)               | Date Hired: | Starting Rate: |
| Your Job Title & Duties                              | Date Left:  | Ending Rate:   |
| Reason for Leaving                                   |             |                |
| 4) Name, Address & Phone No. of Most Recent Employer |             | Telephone No.  |
| Immediate Supervisor (Name & Position)               | Date Hired: | Starting Rate: |
| Your Job Title & Duties                              | Date Left:  | Ending Rate:   |
| Reason for Leaving                                   |             |                |

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

| REFERENCES |               |             |                  |
|------------|---------------|-------------|------------------|
| Name _____ | Address _____ | Phone _____ | Occupation _____ |
| Name _____ | Address _____ | Phone _____ | Occupation _____ |
| Name _____ | Address _____ | Phone _____ | Occupation _____ |
| Name _____ | Address _____ | Phone _____ | Occupation _____ |

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may be considered sufficient reasons for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. **I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.**

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

Date \_\_\_\_\_

**AFFIRMATIVE ACTION/  
EQUAL OPPORTUNITY POLICY STATEMENT**

It is the policy of First Federal Savings not to discriminate against any employee or applicant for employment on the basis of their race, color, religion, age, sex, national origin, marital status, disability, protected Veteran Status, genetic information, and all other categories covered by law. This policy shall apply to all employment actions, including but not limited to recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation and selection for training at all levels of employment.

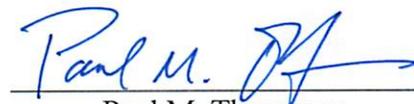
The Bank is very committed to EEO and Affirmative Action in all aspects of its business and will utilize affirmative action to make employment decisions so as to further the principle of equal employment opportunity. Personnel decisions are based only on valid job requirements, and we will make all reasonable accommodations necessary to employ and advance in employment-qualified persons with disabilities, newly separated veterans, protected veterans, and disabled veterans.

Employees of and applicants to First Federal Savings will not be subject to harassment, intimidation, threats, coercion, or discrimination because they have engaged or may engage in filing a complaint, assisting in a review, investigation, or hearing or have otherwise sought to obtain their legal rights related to any Federal, State, or local law regarding EEO for qualified individuals with disabilities or qualified protected veterans.

If you would like to review our Affirmative Action Plans for veterans and individuals with disabilities, please contact the Vice President, Human Resources during normal business hours.

As the President & CEO of First Federal Savings, I wish to add my personal note of commitment to assuring that our organization carries out our Equal Employment Opportunity policy and fulfills the obligations of our Affirmative Action Plan. I expect the support of all employees in attaining and maintaining our goals for a workplace free of discrimination. Equal employment opportunity is not accomplished at the expense of any group or individual, but rather it is good business practice and it contributes to an organization enriched by diversity and excellence.

First Federal Savings is determined to be in full compliance with the provisions of the Law and of the Affirmative Action Program.

  
Paul M. Thompson

Effective: January 1, 2018



# Equal Employment Opportunity is **THE LAW**

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



## Voluntary Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Search Number \_\_\_\_\_

Referred by: \_\_\_\_\_

### Gender

Female

Male

### Race

Hispanic or Latino

White

Black or African American

Asian

Native Hawaiian/Pacific Islander

American Indian or Alaska Native

Two or More Race (Not Hispanic or Latino)

### Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

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

I am not a Protected Veteran.

I choose not to provide this information.

### Definitions:

**Disabled Veteran** - 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Active 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** - 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 Fed. Reg. 1209)

**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.

### 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)** - All persons who identify with more than one of the above five races.



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>i</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

**Please select one of the options below:**

**Do you have a disability?**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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## 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.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, 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).

**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.