



Alliance Community Bank

Application for Employment

We are an equal opportunity employer. All applicants will be considered for employment without attention to age, race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, veteran status or disability status.

Date: _____

I. Personal Information

Name: First Middle Last

Present Address _____

Telephone _____ E-mail address _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? (Yes/No)

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by this company?

3. How were you referred to us? _____

II. Educational History

School Name/Location / Years Completed / Degree/Diploma

High School: _____

College: _____

Tech. Training: _____

Other: _____

III. Employment Record (Please include all employment for the last five years.)

1.	Company Name (Current or Most Recent Employer)	Job Description

Address _____ Dates Employed: _____
From _____ To _____

Manager / Supervisor _____ Telephone _____

Reason For Leaving

2. _____

Company Name	Job Description
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Address _____ Dates Employed: _____
From _____ To _____

Manager / Supervisor	Telephone
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Reason For Leaving

3. _____

Company Name	Job Description
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Address _____ Dates Employed: _____
From _____ To _____

 Manager / Supervisor Telephone _____

Reason For Leaving

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

IV. References (Please do not include relatives or former employers.)

1. _____
Name _____ Years Known _____

Address _____ Telephone _____

Occupation _____
2. _____
Name _____ Years Known _____

Address _____ Telephone _____

Occupation _____
3. _____
Name _____ Years Known _____

Address _____ Telephone _____

Occupation _____

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Are you applying for Full Time or Part Time? ☐ Full ☐ Part
3. Do you have any objection to working overtime? ☐ Yes ☐ No
4. Can you work overtime without prior notice? ☐ Yes ☐ No

5. Can you work on Saturday?

☐ Yes

☐ No

6. Can you travel to all ACB locations?

☐ Yes

☐ No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VII. Agreement

I hereby certify that all questions are correctly answered and authorize Alliance Community Bank to contact my former employers, references and all other sources they deem necessary in order to verify facts and information furnished with regard to my character and qualifications. I also release Alliance Community Bank and its agents from all liability which might result from conducting an investigation. I further understand that the completion of this form and any addendum thereto does not assure me of a position with Alliance Community Bank or obligate the Company in any way, and that if hired, I may be terminated at any time at the Company's sole discretion. I further understand that any misleading or incorrect statements may render this application or any addendum thereto void, and if employed, may result in my immediate termination.

Applicant Signature:

Date:

Received by: _____

Date: _____

**** Please deliver your completed application to any of our convenient branches or send by email to careers@bankacb.com****

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form?

This employer 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). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an [“Am I a Protected Veteran?”](#) infographic provided by OFCCP.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW
- ☐ I AM NOT A PROTECTED VETERAN
- ☐ I DO NOT WISH TO ANSWER

Your Name

Today's Date

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. 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.
2. 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.
3. 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.
4. 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.

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: