



APPLICATION FOR EMPLOYMENT

Date:

PERSONAL DATA

Name (Last, First, Middle)

Address

City

State

Zip

Phone

Alternate Phone

E-mail address

Are you a citizen of the U.S. or can you submit verification of your legal right to work in the US?

Yes No

GENERAL INFORMATION

Position Applying For

Salary Requirements

Date Available

Work Status Desired

☐ Full time ☐ Seasonal
Part time

If seeking part-time, hours available

Could you travel if required?

☐ Yes No

Have you ever submitted an application with us before?

Yes No

If yes, when?

Have you ever been employed with us before

Yes No

If yes, when and where?

Are you related to anyone currently employed with us?

Yes No

If yes, please list names(s) and relationship(s)

Referral Source (please check all that apply)

Website

Newspaper Ad

Walk-in

Referred by

Other

Section 19 of the FDIA (Federal Deposit Insurance Act) prevents banks and other financial institutions from hiring or employing individuals who have been convicted of, or entered into a pretrial diversion program for, any criminal offense involving dishonesty or breach of trust or money laundering. A conviction does not automatically prevent you from employment.

Have you ever been convicted of or plead guilty to an above offense?

Yes ☐ No

If yes, please explain:

Date of occurrence:

What was the conviction?

What was the sentence?

Connection Bank practices equal employment opportunity. We do not discriminate in hiring or employment on the basis of race, color, religion, sex (including pregnancy), national origin, age, gender identity, disability, sexual orientation, genetic information, service in the uniformed services, or any other legally protected status. This form is designed to secure information that is job related; no question in this application form is intended to secure information that will be used for any unlawful or discriminatory purpose.

EDUCATION

Name of School	City/State	# of years completed	Did you Graduate?	Degree Earned	Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associates <input type="checkbox"/> Other	<input type="checkbox"/> Bachelors
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY

Please list your work experience beginning with your most recent position. Include at least the last five years.

Employer Name	Employment Dates	Last Job Title
Address	From (mo/yr) To (mo/yr)	Summary of Duties
Phone Number	Salary	What did you like most about your position? What
Supervisor Name	Starting Final	did you like least about your position?
May we contact this employer?	Status	Reason for leaving
Employer Name	Employment Dates	Summary of Duties
Address	From (mo/yr) To (mo/yr)	Summary of Duties
Phone Number	Salary	What did you like most about your position?
Supervisor Name	Starting Final	What did you like least about your position?
May we contact this employer?	Status	Reason for leaving
Employer Name	Employment Dates	Last Job Title
Address	From (mo/yr) To (mo/yr)	Summary of Duties
Phone	Salary	What did you like most about your position?
Supervisor	Starting Final	What did you like least about your position?
May we contact this employer?	Status	Reason for Leaving
	Full time Part time	

What foreign language(s) do you speak, read or write?

SKILLS

Language

speak read write

Language:

speak read write

Computer software experience (check all that apply and select your proficiency level) 1= Beginner, 5 = Advanced

MS Word 1 2 3 4 5 MS Excel 1 2 3 4 5

Power Point 1 2 3 4 5 Internet 1 2 3 4 5

Please provide any additional information about your abilities or interests that makes you a good candidate for this position.

PERSONAL AND/OR PROFESSIONAL REFERENCES

Name	Personal or Professional?	Company Name & Phone Number	Address	E-mail
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PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.

I authorize the references listed in this Application, including personal and employment references, to provide you with all information pertinent to this Application and I release all parties from liability for any damages that may result from the release of any information as a part of the employment verification process. In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. Additionally I authorize the Company, in consideration for the Company's review of this application, to supply employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. Further, I understand that Iowa is an employment-at-will state, as such; my employment may be ended by either me or my employer at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, and that, if employed; my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same right.

I understand and agree that upon the event of employment, I will be expected to be candid and cooperate fully with any and all investigative efforts undertaken by the Company to resolve any customer or monetary transactions.

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

In the absence of my handwritten signature, I understand that my typewritten name serves as a written signature for purposes of this application.

Signature of Applicant

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.

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:

APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date

Position Applied For

Name _____
Last First MI Phone _____

Address _____
Address City State Zip Code

Referral Source:

Advertisement

Friend

Relative

Employment Agency

Walk In

Other

CONFIDENTIAL INFORMATION VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

Male

☐

Female

Check One of the following Race/Ethnic Groups:

Hispanic or Latino

Other

If other, check one of the following Race/Ethnic Groups:

White

Black or African American

Asian

Two or more Races

Native American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

If Native American Indian, check if any of the following are applicable:

Formal member of a particular tribe

Have a membership card issued by the tribe
Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian
Affairs Are considered an American Indian in your community
Used American Indian School or hospital

I am a Protected Veteran Yes No

I Don't Wish to Answer

Definitions – Protected Veteran is one of the following:

1. A Disabled Veteran means (i) 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.
2. 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 (61 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
3. 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.
4. 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A replica of that list is enclosed with the annual VETS-100A mailing. A copy of the list also may be obtained by sending an email to helpdesk@vets100.com or by calling (301) 306-6752 and requesting that a copy be mailed to you.

PAY TRANSPARENCY

NONDISCRIMINATION PROVISION

Connection Bank will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information. 41 CFR 60-1.35(c)



OFFICE OF FEDERAL CONTRACT
COMPLIANCE PROGRAMS



If you believe that you have experienced discrimination contact OFCCP
1-800.397.6251 | TTY 1.877.889.5627 | www.dol.gov/ofccp

200 CONSTITUTION AVENUE NW | WASHINGTON, DC 20210 | tel: 1-800-397-6251 | TTY: 1-877-889-5627 | www.dol.gov/ofccp