





**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates to/from:	Work Performed:
Address:	Hourly Rate/Salary: Starting:            Final:	
Phone:		
Job Title:	Supervisor:	
Reason for Leaving:		

Employer:	Dates to/from:	Work Performed:
Address:	Hourly Rate/Salary: Starting:            Final:	
Phone:		
Job Title:	Supervisor:	
Reason for Leaving:		

Employer:	Dates to/from:	Work Performed:
Address:	Hourly Rate/Salary: Starting:            Final:	
Phone:		
Job Title:	Supervisor:	
Reason for Leaving:		

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

**REFERENCES:**

Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall remain active for 45 days. Applicants wishing to apply for employment after the 45 day period should reapply if applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

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Signature of Applicant

Date

JOB APPLICANT SELF IDENTIFICATION FORM

We are a government contractor subject to all provision of the Civil Rights Act of 1964, Executive Order 11246(as amended), The Rehabilitation Act of 1973 (as amended), and The Vietnam Era Veterans’ Readjustment Assistant Act of 1974(as amended). Qualified applicants are considered without regard to race, color, sex, age, religion, national origin, genetic information, pregnancy, disability, or protected veteran status. In order to help us comply with government regulations, we would like you to answer the questions listed below. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. This will be kept strictly confidential and separate from your Employment Application.

Please Print:

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: Male Female

**Race/Ethnicity: Please Check One**

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)

**Are you a Protected Veteran? Please Check One:**

- Yes, I am a Protected Veteran\*
- NO, I a not a Protected Veteran

**Disability Status: Please Check One**

- Yes, I am an individual with a disability.\*\*
- No, I do not have a disability.
- I do not wish to answer.

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\*Protected Veteran Categories/Definitions

- Disabled Veteran: A veteran of the US 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 for a disability; 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 discharge or release from active duty in the US military, ground, naval, or air service
- Active duty wartime or campaign badge veteran: any veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense
- Armed Forces service medal veteran: any veteran who, while serving on active duty in the US 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 No. 12985.

\*\*Individual with Disability: any person who has (i)a physical or mental impairment which substantially limits on or more of such person’s major life activities; (ii)has a record of such impairment; or (iii) is regarded as having such impairment.

JOB APPLICANT SELF IDENTIFICATION FORM (continued)

Please Print:

**Position applied for:** \_\_\_\_\_

Referral Source: Please check one.

- Walk-in
- Employee
- Advertisement-Source \_\_\_\_\_
- Government Employment Agency
- Private Employment Agency
- School
- Relative
- Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

\_\_\_\_\_

## AFFIRMATIVE ACTION POLICY STATEMENT

In accordance with federal regulations pertaining to the employment practices of government contractors, Fleetwood Bank sets forth and pledges to follow this Affirmative Action Program.

It has been and is the policy of Fleetwood Bank to be an equal opportunity employer and to take affirmative action to seek, employ, and promote qualified applicants and employees, without regard to race, color, sex, religion, national origin, or age.

All personnel decisions, including hiring, compensation, promotion, transfers, benefits, company-sponsored training programs, education or tuition assistance, social and recreational programs, and facilities will be administered without regard to race, color, sex, religion, national origin, or age.

Fleetwood Bank will not terminate or refuse to hire a woman because she is pregnant, nor will it enforce a standard or mandatory pregnancy leave.

Fleetwood Bank will not discriminate against any employee or applicant, in any personnel action, on the basis of age.

To ensure that promotion decisions are made in accordance with the principles of equal employment opportunity, the Bank will recognize only valid requirements for promotion.

Overall responsibility for the promotion, implementation, and maintenance of the Affirmative Action Program at Fleetwood Bank is assigned to Ms. Lynn C. Kopicz, Vice President, who will report to senior management periodically on the progress and results of Affirmative Action at the Bank.

This Affirmative Action Program shall be maintained in accordance with the requirements of Executive Order 11246 as amended (Section 60-2,41 CFR), and in accord with other federal and state regulations regarding equal opportunity in employment.

January 1, 2016



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Richard L. Meares, President/CEO  
Fleetwood Bank



PRELIMINARY NOTIFICATION IN ACCORDANCE WITH SEC. # 601  
OF THE CONSUMER CREDIT PROTECTION ACT

I, \_\_\_\_\_, ACKNOWLEDGE THAT IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, PROMOTION OR REASSIGNMENT WITH FLEETWOOD BANK, HAVE BEEN ADVISED IN WRITING THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTER AND MODE OF LIVING. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, CORPORATIONS, CREDIT BUREAUS, AND LAW ENFORCEMENT AGENCIES TO SUPPLY INFORMATION CONCERNING MY BACKGROUND.

I FURTHER ACKNOWLEDGE THAT I HAVE BEEN ADVISED IN WRITING BY THE COMPANY THAT UPON WRITTEN REQUEST, WITHIN A REASONABLE PERIOD OF TIME, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED. THIS WRITTEN CORRESPONDENCE SHOULD BE ADDRESSED TO: HUMAN RESOURCES, FLEETWOOD BANK, PO BOX 105 FLEETWOOD, PA 19522.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

(PART A- RETAIN IN PERSONNEL FILE)

THIS IS TO ADVISE YOU THAT IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT, PROMOTION OR REASSIGNMENT WITH FLEETWOOD BANK, AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. YOU ARE ALSO ADVISED THAT YOU HAVE A RIGHT TO A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT IF ONE IS MADE. THIS WRITTEN REQUEST SHOULD BE ADDRESSED TO: HUMAN RESOURCES, FLEETWOOD BANK, PO BOX 105, FLEETWOOD, PA 19522.

(PART B- DETACH AND GIVE TO APPLICANT)







APPLICANT RELEASE FORM

I, \_\_\_\_\_ presently residing at \_\_\_\_\_, have applied for employment with Fleetwood Bank. I have been advised and am fully aware that a representative of Fleetwood Bank may be conducting an investigation of my background to assist in determining my suitability for this employment; and that such investigation may include a clearance check with the Drug Enforcement Administration ( D.E.A.) and other local, state, and federal law enforcement agencies.

I do hereby give my permission and waive all provisions of law which may forbid the above mentioned agencies or any court from disclosing any knowledge or information they have concerning me which is requested or desired by the Fleetwood Bank, or its representative, be provided with a copy of any such information or record concerning me which they may desire.

I recognize the right of Fleetwood Bank to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources and information obtained therefrom.

I have been advised that under Public Law 93-579, September 27, 1975, that I am not required to sign this release form.

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

\_\_\_\_\_  
Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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>1</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 check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

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

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

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### 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.