



APPLICATION FOR EMPLOYMENT

We appreciate your interest in Cross County Savings Bank (the “Bank”). The Bank is an equal employment opportunity employer. The Bank prohibits discrimination and harassment against any applicant, intern or employee based on race, color, sex (including pregnancy, childbirth and related medical conditions), religious creed, national origin, alienage, age (18 and over), disability, uniformed service member status, veteran status, sexual orientation, gender identity/expression, marital status, partnership status, familial status, caregiver status, status as a victim of domestic violence, sex offense or stalking, unemployment status, genetic information or any other basis protected by applicable federal, state, or local laws.

GENERAL INFORMATION			
Please complete all requested information. Use ink and print.			
Location	Today's Date	Position Applying For	
Name (Last)	(First)	(Middle)	Date Available for Work
Street Address		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip	Telephone (Home) Telephone (Work)
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime as needed?	
If yes, please provide the other name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked for or applied for a position with the Bank, in any of our locations either as an employee or through an employment agency?		Are you related to or in a close personal relationship with anyone now employed at the Bank? (An answer of “Yes” will not automatically disqualify you from the position for which you are applying.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain when and, if employed, in what capacity:		If yes, state name(s) and where they are located.	

PERMISSION TO WORK	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

1	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

2	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

3	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

WORK EXPERIENCE

(Continued)

4	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

CONFLICTS OF INTEREST

Former government personnel and public accounting firm employees may be subject to certain conflict of interest restrictions on private employment activities after they leave government or public accounting firm employment. The Bank complies with all such restrictions and asks the next two questions on this application to ensure such compliance.

Are you now employed with, or during the past two (2) years have you been employed with (i) a federal or state government banking agency or other agency with oversight over banks or other financial institutions (e.g., FDIC, OCC, Federal Reserve Board, Regional Reserve Bank, CFPB, FINRA, NYDFS, etc.), or (ii) a public accounting firm? Yes No

If you answered "Yes," please provide the following information:

Please list the government agency/agencies and/or public accounting firm(s), dates of employment and position(s) held.

Agency / Firm	Dates of Employment	Position(s) Held

Have you ever worked on any matters involving the Bank or any of its affiliates? Yes No

Do you have a spouse, spousal equivalent (such as registered domestic partner or civil union partner), parent, dependent, non-dependent child or sibling who is employed with, or during the past two (2) years has been employed with (i) a federal or state banking agency or other agency with oversight over banks or other financial institutions (e.g., FDIC, OCC, Federal Reserve Board, Regional Reserve Bank, CFPB, FINRA, etc.), or (ii) a public accounting firm? Yes No

If you answered "Yes," please provide the following information:

Please list the government agency/agencies and/or public accounting firm(s), dates of employment and position(s) held.

Agency / Firm	Dates of Employment	Position(s) Held

Have they ever worked on any matters involving the Bank or any of its affiliates? Yes No

For purposes of the following disclosures, a "foreign official" includes any representative of a government or government entity (including a government-owned or government-controlled state enterprise), political party or political party official, political candidates, public international organization, or worldwide financial organizations (e.g. World Bank of International Monetary Fund) of a foreign country.

(Please check all that apply)

- am currently a foreign official/former foreign official
- have direct relative(s) who is/are a foreign official(s)/former foreign official(s)
- am indirectly related to a foreign official or government owned entity/former foreign official/government owned entity (family relative or a business relationship/minority owner of an institution that is state owned)
- None of the Above

Please describe in detail if you checked one or more of the first three boxes:

Are you, a family member or a close associate a politically exposed person, defined as a current or former senior official in the executive, legislative, administrative, military or judicial branches of a government (whether elected or not), a senior official of a political party, a senior executive of a government-owned enterprise, corporation, business or entity formed by or for the benefit of such individual? Yes No

If yes, please provide detail (background of the public/official function, or if a family member or close associate, detail the connection to you and their public/official function):

Are you restricted by contract or agreement from: (1) accepting employment with the Bank; (2) performing any duties or responsibilities for the Bank; (3) engaging in activities competitive with any activities of any past employer; (4) directly or indirectly soliciting any employee to leave the employ of any past employer; or (5) directly or indirectly soliciting any client or customer of any past employer?

Yes No

If yes, please explain:

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				

College				
High School				
Business/Trade /Technical				

JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

ADDITIONAL INQUIRIES

If applying for a position that will include driving:

If hired, can you provide a valid driver’s license? Yes No

If hired, you may be required to provide evidence of insurance or insurability.

PROFESSIONAL REFERENCES
Individuals not related to you. Business references preferred

Name	Occupation	Phone	Address	Years Known and Capacity

REFERRAL INFORMATION

How did you learn about the Bank?

- Employment Agency (state name): _____ School (state name): _____
- Reputation of Firm _____ Newspaper ad (name of paper): _____
- Referral (state name): _____ Other: _____

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Bank, I **will be an at-will employee**, meaning that either the Bank or I may end the employment relationship at any time with or without cause or notice. I understand that only the President and CEO of Cross County Savings Bank and the Vice President of Human Resources of Cross County Savings Bank, and no manager, supervisor, or other representative of the Bank, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the President and CEO or the Vice President of Human Resources, any such agreements must be in writing and signed by that person and by me or my authorized representative.

Initial: _____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Bank.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that the Bank may share the information contained in this application with other Bank employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I understand that the Bank may not ask or require applicants to disclose past salary, wages or other compensation.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Bank and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Bank and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.

INVITATION TO APPLICANTS TO SELF-IDENTIFY AS A PROTECTED VETERAN

Cross County Savings Bank is a federal 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"), which requires contractors to take affirmative action to employ and advance in employment:

(1) **disabled veterans** defined as (a) veterans of the U.S. military, ground, naval or air service who are 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 (b) persons who were discharged or released from active duty because of a service-connected disability;

(2) **recently separated veterans** defined as any veterans 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) **active duty wartime or campaign badge veterans** defined as veterans 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; and

(4) **Armed Forces service medal veterans** defined as veterans 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. This information is being requested on a voluntary basis and will be kept confidential, consistent with applicable law. Refusal to provide the requested information will not subject you to any adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.

Name: _____ Date: _____
Last First Middle Initial

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I CHOOSE NOT TO SELF IDENTIFY

INVITATION TO SELF-IDENTIFY RACE, GENDER

To enable us to meet government reporting regulations, **Cross County Savings Bank** requests that you complete this personal data form. **Information will be used solely for government reporting purposes and will be detached and kept separate from your application.** Any information that you choose to provide will not be considered by **Cross County Savings Bank** for employment purposes and will be treated as personal and confidential. Your voluntary cooperation is appreciated.

Name: _____ Date: _____
Last First Middle Initial

GENDER

- Female
- Male

RACE/ETHNICITY

Please check the appropriate box (es) below.

- 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 original 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.

Voluntary Self-Identification of Disability

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

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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.

ⁱ 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.

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.

Voluntary Self-Identification of Veterans

Definitions

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), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

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.

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.

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.

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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.