



EMPLOYMENT APPLICATION

Citizens Alliance Bank is an equal opportunity employer of protected veterans and individuals with disabilities and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization.

This application can be completed online or printed, completed and submitted to Citizens Alliance Bank.

Your application can be submitted via email to careers@citizensalliancebank.com or to the following address:

Citizens Alliance Bank; Attn: Human Resource Department; PO Box 430; Clara City, MN 56222

APPLICANT INFORMATION					
Last Name		First Name		M.I.	
Street Address		PO Box		Apartment/Unit#	
City		State		Zip Code	
Phone		E-mail Address			
Position Applied for					
Date Available		Desired Salary	\$	Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary					
Can you meet the work schedule or attendance requirements of the job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you, if employed, submit verification of your legal right to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If younger than 18 years old can you submit a work permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for this company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when and where?		
How were you referred to Citizens Alliance Bank?					
<input type="checkbox"/> Online <input type="checkbox"/> Bank Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Employee Referral; Name of Employee: _____					

EDUCATION							
High School				Address			
From		To		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma	<input type="checkbox"/> GED
College				Address			
From		To		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major	
Trade or Business School				Address			
From		To		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
RELATED TRAINING							
Describe any job related training, skills, internships or extra-curricular activities that would apply to this position:							
List any job-related professional or technical organizations that you belong to:							
PREVIOUS EMPLOYMENT							
Company				Phone			
Address				Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$		
Responsibilities							
From		To		May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving							

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			

From		To		May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving					
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Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			

From		To		May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving					
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REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

ADDITIONAL COMMENTS

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, 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 or notice. 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. I also understand that this application any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract. The *“at will”* employment relationship does not apply to our Montana bank locations as Montana is not an *“Employment at Will”* state.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature	Date
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Equal Employment Opportunity Form

Applicant Information

Full Name: Last First M.I.
Address: Street Address Apartment/Unit #
City State Zip Code
Home Phone: Email Address:
Position Applied for:

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Military Service

- Pre-Vietnam Era Vietnam Era
Post-Vietnam Era Disabled Veteran

Gender

- Female Male

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black African American
Hispanic/Latino White/Caucasian Other
I do not wish to disclose

Definitions of Race/Ethnicity Categories as defined by the Equal Opportunity Commission

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 Far East Asia, 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 or 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
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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

Form CC-305
OMB Control Number 1250-0005
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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.