

FAIRFIELD FEDERAL
111 East Main Street - P. O. Box 728
Lancaster, Ohio 43130-0728

APPLICATION FOR EMPLOYMENT

We are pleased that you are interested in applying for employment with Fairfield Federal. This Association does not discriminate in hiring or regarding any term, condition, or privilege of employment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age of any person whose age is 40 or over, protected veteran status, disability, genetic information, familial status (having one or more children under the age of 18), or marital status. No question on this form is intended to request information to be used for any such discrimination.

We will give this application every consideration. However, in accepting it, Fairfield Federal makes no commitment of employment to the applicant.

All officers and employees of the Association are subject to being dismissed at will, including, but not limited without good cause by the Board of Directors of its Executive Committee.

We will consider this application to be active for six months from the date you submit it. After six months you must submit a new application if you wish to continue to be considered for employment.

BASIC INFORMATION: Please PRINT IN INK or TYPE

Name: _____
Last First Middle

Address: _____
Street City State Zip

Social Security Number ____/____/____ Telephone _____

Email Address _____

Are you at least 18 years of age? _____

Are you legally eligible to work in the United States? (Verification will be required upon hire.) _____

Position Applied For: _____ Location: _____

Salary Requirements: _____ Date Available: _____

How were you referred to us? _____

If you have any disability which could limit you in the performance of the job for which you are applying, please describe how, with or without reasonable accommodation by the Association, you will be able to perform job-related functions. Please contact our Personnel Director at 740-653-3863 if you require a reasonable accommodation to apply for a job or to perform your job.

WORK HISTORY: Start with your present or most recent job. List self-employment, summer and part time jobs.

1

Company	Address	Telephone
Date Employed: From _____ To _____	Salary: Starting _____ Leaving _____	Supervisor
Your Duties		
What was your Attendance Record?		
Reason for Leaving		

2

Company	Address	Telephone
Date Employed: From _____ To _____	Salary: Starting _____ Leaving _____	Supervisor
Your Duties		
What was your Attendance Record?		
Reason for Leaving		

3

Company	Address	Telephone
Date Employed: From _____ To _____	Salary: Starting _____ Leaving _____	Supervisor
Your Duties		
What was your Attendance Record?		
Reason for Leaving		

4

Company	Address	Telephone
Date Employed: From _____ To _____	Salary: Starting _____ Leaving _____	Supervisor
Your Duties		
What was your Attendance Record?		
Reason for Leaving		

May we contact the above employers for reference checking purposes? _____

Please identify by number any employer you do not wish us to contact. _____

MACHINE OPERATION: Check the following machines which you can operate.

Typewriter _____ Computer _____ Calculator _____ Keyboard _____

Other _____

Computer software programs with which you are familiar _____

EDUCATION:

NAME	Address	Major Course/Subject	Circle Last Year Completed	Degree
High School/Preparatory			1 2 3 4	
Business School			1 2 3 4	
College			1 2 3 4	
Graduate Work			1 2 3 4	
Other (Describe)				

Are you planning to pursue further studies? Yes _____ No _____ Day School _____ Night School _____

If so, when, where, and what courses? _____

INTERESTS: Please write in your normal handwriting in the space below to describe your interest in the financial industry and the skills and aptitudes that you feel qualify you for a position at the Association. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting and the like.) If you need more space, please continue on a separate sheet.

REFERENCES: Please list the names, addresses, and phone number of two personal references.
Please exclude relatives and former employers.

Name	Address	Phone
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Name	Address	Phone
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Are you related to any employee of Fairfield Federal? _____

CONVICTIONS: Have you ever been convicted of any crime involving dishonesty, or a breach of trust, or money laundering? If so, please explain. (12 U.S.C. 1829)

AUTHORIZATION TO OBTAIN FURTHER INFORMATION

I authorize Fairfield Federal to make whatever inquiries it may deem reasonably necessary, to contact persons who are not consumer reporting agencies, to contact past and present employers, and to obtain consumer reports from consumer reporting agencies in connection with my application for employment.

I authorize any person, employer, or consumer reporting agency to respond to inquiries from Fairfield Federal, to compile information, and to furnish said Fairfield Federal with any information obtained as a result of such inquiries in connection with my application for employment.

I further authorize Fairfield Federal, in its sole discretion, to furnish copies of this authorization and my application to any person(s) or consumer reporting agency(ies) in connection with my application for employment.

DISCLOSURE STATEMENT

Under Section 615 of the Fair Credit Reporting Act, whenever employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, the user of the consumer report shall so advise the applicant against whom such adverse action has been taken and supply the name and address of the consumer reporting agency making the report.

I hereby acknowledge that I have read and understand the foregoing Authorization and Disclosure. I hereby certify that all of the statements I have made in this application are true and complete to the best of my knowledge and belief.

Signature

Date

Request for Transcript

I hereby request and authorize _____
(Name of School or University)

located at _____
(City and State)

to furnish a transcript of my grades to Fairfield Federal Savings and Loan.

My name while I was a student at that school or university was:

Please mail a copy of requested transcript to:

Fairfield Federal Savings and Loan
ATTN: Personnel Director
111 E Main St
PO Box 728
Lancaster, OH 43130-0728

Signature

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: _____
(if applicable)

Date: _____

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: _____

Pre-Offer Invitation to Self-Identify as a Protected Veteran
41 CFR 60-300

Fairfield Federal is a Government contractor subject to 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. Our Affirmative Action Plan is designed to set forth and measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. The classifications of protected veterans are defined as follows:

- A "disabled veteran" is (1) 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 Veteran Affairs, or (2) 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. Go to <http://www.opm.gov/staffingportal/vgmedal2.asp> for a list.
- 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 (61 FR 1209). Go to <http://www.opm.gov/staffingportal/vgmedal2.asp> for a list.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking all of the boxes below that apply. 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.

I identify as one or more of the classifications of protected veteran listed above.

I am NOT a protected veteran.

Name _____ Date _____

Signature _____

Race/Ethnic Categories

Ethnicity

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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 maintains 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.



Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment. If you believe you've been discriminated against at work or in applying for a job, the EEOC may be able to help.

Who is Protected?

- Employees (current and former), including managers and temporary employees
- Job applicants
- Union members and applicants for membership in a union

What Organizations are Covered?

- Most private employers
- State and local governments (as employers)
- Educational institutions (as employers)
- Unions
- Staffing agencies

What Types of Employment Discrimination are Illegal?

Under the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the bases of:

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy and related conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Retaliation for filing a charge, reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding.

What Employment Practices can be Challenged as Discriminatory?

All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability or a sincerely-held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees
- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding.

What can You Do if You Believe Discrimination has Occurred?

Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

Submit an inquiry through the EEOC's public portal:
<https://publicportal.eeoc.gov/Portal/Login.aspx>

Call 1-800-669-4000 (toll free)
1-800-669-6820 (TTY)
1-844-234-5122 (ASL video phone)

Visit an EEOC field office (information at www.eeoc.gov/field-office)

E-Mail info@eeoc.gov

Additional information about the EEOC, including information about filing a charge of discrimination, is available at www.eeoc.gov.



EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases:

Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin

Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

Asking About, Disclosing, or Discussing Pay

Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

Disability

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

Protected Veteran Status

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

Retaliation

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination by Federal contractors under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP)
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210
1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at <https://ofccphelpdesk.dol.gov/s/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at <https://www.dol.gov/agencies/ofccp/contact>.

PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

Race, Color, National Origin, Sex

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

Individuals with Disabilities

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



Disclosures to Employment Applicants
Under the Fair Credit Reporting Act

You have applied for employment with Fairfield Federal. As required under Section 604(b) (2) of the Fair Credit Reporting Act (15 U.S.C. § 168ab (b) (2), as released September 2012) this is a clear and conspicuous disclosure to you that

**Fairfield Federal may obtain a consumer report
about you for employment purposes.**

If Fairfield Federal obtains a consumer report about you for employment purposes, it will obtain that report from

**Factual Data
PO Box 1667
Pittsburg, PA 15320
800-216-3463**

In using a consumer report for employment purposes, before taking any adverse action against you based in whole or in part of the report, Fairfield Federal will provide to you a copy of the report and a description of your rights under the Fair Credit Reporting Act as prescribed by the Federal Trade Commission. (16 CFR Part 601, Appendix A)

If Fairfield Federal takes any adverse action against you for the purposes of your employment application that is based in whole or in part on any information contained in a consumer report, Fairfield Federal will provide certain information to you as required under section 615(a) of the Fair Credit Reporting Act (15 U.S.C. § 1681m (a), as released September 2012; reproduced on the other side of this form).

I hereby authorize Fairfield Federal to obtain a consumer report about me for the purposes of my employment application and I have received a copy of this disclosure. I acknowledge receipt of a disclosure entitled, "A Summary of Your Rights under the Fair Credit Reporting Act."

Signature

Date

The applicant is to sign this copy and turn it in with the application.

Section 1681m Requirements on Users of Consumer Reports

- (a) **Duties of users taking adverse action on the basis of information contained in consumer reports.** If any person takes any adverse action with respect to any consumer that is based in whole or in part on any information contained in a consumer report, the person shall -
- 1) Provide oral, written, or electronic notice of the adverse action to the consumer:
 - 2) Provide to the consumer orally, in writing, or electronically
 - (A) The name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency if the agency compiles and maintains files on consumers on a nationwide basis) that furnished the report to the person; and
 - (B) A statement that the consumer reporting agency did not make the decision to take adverse action and is unable to provide the consumer the specific reasons why the adverse action was taken; and
 - 3) Provide to the consumer an oral, written, or electronic notice of the consumer's rights
 - (A) To obtain, under section 612 [§1681j], a free copy of a consumer report on the consumer from the consumer reporting agency referred to in paragraph (3), which notice shall include an indication of the 60-day period under that section for obtaining such a copy; and
 - (B) To dispute, under section 611 [§1681i], with a consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

Copy for the Employment Applicant

A Summary of Your Rights under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's website (<http://www.ftc.gov>). The CRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you for a copy.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. The source also must advise national CRAs – to which it has provided the data – of any error. The CRA must give you a written report of the investigation and a copy of your report of the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state and federal court. The federal agency that has authority to enforce the FCRA against savings associations is:

**Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney St, Suite 3450
Houston, TX 77010-9050**