



APPLICATION FOR EMPLOYMENT

Return fully completed application to: wgnehm@efirstfederal.com

Call Wendy Gnehm at 307-674-0464 with any questions.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For: _____ Date _____

State/Location of Position: Wyoming Montana

How Did You Learn About Us?

Advertisement Relative/Friend FFB&T Staff _____
Please include the name of the staff member who referred you.
Employment Agency Inquiry Other _____

PERSONAL INFORMATION

Name _____ Mobile Phone _____
Address _____
City _____ State/Zip _____
Home Phone _____ E-mail _____
May we contact you at Work? _____ Work Phone _____

GENERAL INFORMATION

Type of employment desired: Full Time Part-time Seasonal
On what date would you be available to work? _____
Do you need an accommodation to participate in the application or interview process? Yes No
Do you have any relatives employed by our company? Yes No If yes, name of relative _____
Are you legally eligible for employment in the United States? Yes No
During the last seven years, have you ever been convicted of a felony? If yes, please explain: Yes No

*A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age, date of conviction, seriousness and nature of the crime as it relates to specific occupational categories and rehabilitation will be considered.

**FIRST FEDERAL BANK & TRUST IS AN EQUAL OPPORTUNITY EMPLOYER.
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN,
MARITAL STATUS, MILITARY STATUS, OR DISABILITY.**

**AN EQUAL OPPORTUNITY EMPLOYER
M/F/Disabled/Veteran**

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	PROVIDE LAST GRADE/YEAR COMPLETED	MAJOR/DEGREE & YEAR COMPLETED
High School				
College				
College				
College				
Business or Trade School				
Business or Trade School				

ADDITIONAL INFORMATION

Skills and Qualifications. Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying.

Please answer the following with Basic, Somewhat Proficient, Very Proficient

Microsoft Word _____ Microsoft Outlook _____

Microsoft Excel _____ Internet _____

10-Key Calculator _____ Email _____

Cash Handling (if applying for a position that requires it) _____

Professional Licenses and/or Certifications.

If licensed, registered or certified, list:

Type: _____ State Issued: _____ Date Issued: _____ No.: _____

Type: _____ State Issued: _____ Date Issued: _____ No.: _____

**AN EQUAL OPPORTUNITY EMPLOYER
M/F/Disabled/Veteran**

EMPLOYMENT HISTORY

Please fill this section out completely and do not write, "see resume." Begin with your most recent employment.

COMPANY Name _____ Address _____

Job Description (title, duties, skills, equipment used)

Dates of employment: Start _____ End _____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Person to Contact _____ Phone Number _____

COMPANY Name _____ Address _____

Job Description (title, duties, skills, equipment used)

Dates of employment: Start _____ End _____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Person to Contact _____ Phone Number _____

COMPANY Name _____ Address _____

Job Description (title, duties, skills, equipment used)

Dates of employment: Start _____ End _____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Person to Contact _____ Phone Number _____

If you need additional space, please continue on a separate sheet of paper.

If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.

REFERENCES

Professional References: Give up to three references who are not relatives or former employers.

Name	Address/ Phone Number
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with **FIRST FEDERAL BANK & TRUST** is true, complete and correct to the best of my knowledge. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from **FIRST FEDERAL BANK & TRUST** service, whenever it is discovered.

I expressly authorize **FIRST FEDERAL BANK & TRUST** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **FIRST FEDERAL BANK & TRUST** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **FIRST FEDERAL BANK & TRUST** does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that completion of this Application for Employment does not guarantee that **FIRST FEDERAL BANK & TRUST** has employed me.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: _____

Signature _____

**AN EQUAL OPPORTUNITY EMPLOYER
M/F/Disabled/Veteran**

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:

First Federal Bank & Trust

Pre-Offer Invitation to Self-Identify (Veteran Status)

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form? 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). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined below and explained further in an “Am I a Protected Veteran?” infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO ANSWER

Your Name

Today's Date

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. 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.
2. 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.
3. 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.
4. 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.