

CENTRAL FEDERAL SAVINGS AND LOAN ASSOCIATION AND SUBSIDIARIES

Employment Application

CENTRAL FEDERAL SAVINGS AND LOAN ASSOCIATION AND ITS SUBSIDIARIES ARE EQUAL OPPORTUNITY EMPLOYERS. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR DISCRIMINATION IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, AGE, GENETICS, VETERAN'S STATUS, OR ANY OTHER CATEGORY PROTECTED BY FEDERAL, STATE, OR LOCAL STATUTE.

Name (Last, First, Middle)		Telephone Number (Cell)
Address (No. Street, City, State)		Telephone Number (Home)
Previous Address (No. Street, City, State)		Social Security Number
This Application is for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Position	Office or Branch in (Location)

Date of Birth, if under 18 years of age (Applicant under 18 years of age when hired must furnish certified copy of birth certificate when hired.)

Name and Address of High School (if you would use things you learned there in this job)

Name and Address of College (if you would use things you learned there in this job)

Name and Address of Professional School (if you would use things you learned there in this job)

Business or Trade School (if you would use things you learned there in this job)

Are You Studying Something Now That Would Help You Do This Job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, What Are You Studying?
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Check the Following Machines Which You Can Operate

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Calculator | <input type="checkbox"/> Excel |
| <input type="checkbox"/> Typewriter _____ WPM | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Word |
| <input type="checkbox"/> Photocopy | <input type="checkbox"/> QuickBooks | <input type="checkbox"/> Other (Describe) _____ |

LIST EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT JOB.

1. Employer	Address	Telephone Number
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Date Employed: From	To	Salary at Start	Leaving	Name of Supervisor
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Your Duties

Reason for Leaving

2. Employer	Address	Telephone Number
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Date Employed: From	To	Salary at Start	Leaving	Name of Supervisor
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Your Duties

Reason for Leaving

3. Employer	Address	Telephone Number
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Date Employed: From	To	Salary at Start	Leaving	Name of Supervisor
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Your Duties

Reason for Leaving

4. Employer	Address	Telephone Number
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Date Employed: From	To	Salary at Start	Leaving	Name of Supervisor
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Your Duties

Reason for Leaving

Is there any reason why you cannot perform the essential functions of the job for which you are applying?

If yes, explain:

List Names, Addresses and Telephone Numbers of Three Personal References (Not Relatives)

1.)

2.)

3.)

Name any Relatives Working in the Same Office, In the Same Department in Which You Are Applying for Work.

Applicant's Remarks, Including any Further Comment or Explanation of Any Prior Item and Any Other Skills or Experiences Which Would Qualify the Applicant for the Position Applied For:

I authorize you to verify the information in this application and to make additional inquiries of employers and others which are reasonably related to this information. I understand that I have a right to request in writing, within a reasonable time after I receive a copy of this application, a complete and accurate written statement of the nature and scope of these inquiries and verifications, and an interview in connection with my application.

I certify that the statements I have made are true, and I understand that if I am subsequently employed by Central Federal or any of its subsidiaries, I may be subject to discharge if they are found to be false. I understand that in order to complete this application, I must sign the Release Authorization that has been provided to me along with this application.

I understand that my application will only be considered for the position for which I applied and for no longer than 3 months. I also understand that if I have not received a job offer within 3 months from the date my application is complete, I may reapply by completing an updated application before or after the 3 months are over. I understand that if I wait to reapply until after the 3 months are over, the application I complete then will be considered a new application filed at the time I reapply. If I accept a job offer, my employment will be at will.

Date _____

Signature _____

DISCLOSURE FOR RELEASE OF INFORMATION

In connection with the employment application process, Central Federal Savings and Loan Association or its affiliate, CFBB Service Corporation, collectively "The Companies," may obtain a consumer report containing credit information and check employment references. Before an applicant may be hired, he/she must authorize The Companies to obtain this information. Eligibility for employment may be contingent upon the results.

The attached Release Authorization gives an applicant's permission to The Companies or their designee to conduct this investigation and obtain a consumer report.

RELEASE AUTHORIZATION

I do hereby certify that the information provided by me during the application process is true and complete to the best of my knowledge. I hereby authorize Central Federal Savings and Loan Association, and its affiliate, CFBB Service Corporation, collectively "The Companies," or their designee to (1) obtain a consumer report that contains information pertaining to my credit history; and (2) discuss the results of any investigation with their authorized employees or agents that are involved in the hiring process. Information will be handled in a confidential manner consistent with our need to conduct an investigation.

Further, I authorize The Companies and their employees and agents to contact any of my former or current employers in order to check my employment references. I understand that any employment decision may be contingent upon a successful investigation.

I agree to indemnify, discharge and forever hold harmless any individual or institution, its affiliates, and its agents and employees, from any and all liability, which is related directly or indirectly to compliance with this request for information. I also agree to indemnify, discharge and forever hold harmless The Companies' designee, their agents and employees, as well as The Companies, their affiliates, and their agents and employees, from any and all damages, claims, losses, liabilities, costs and expenses (including, but not limited to, attorneys' fees) incurred as a direct or indirect result of any claim or proceeding brought against The Companies or a designee, which is related directly or indirectly to the disclosure of such information or to such investigation.

I have carefully read and understand this Release Authorization and voluntarily agree to its terms in order to assist The Companies in evaluating my qualifications for employment. I further acknowledge that The Companies' decision to obtain a consumer report to any other information in no way guarantees or signifies that I will obtain a job with them.

Applicant's Signature

Date

Printed Name

THE FOLLOWING INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES WHEN CHECKING RECORDS:

Current Address (street/city/state/zip)

Previous Address (street/city/state/zip)

Phone (Home)

Phone (Work)

Former Name (if applicable)

Social Security Number

VOLUNTARY APPLICANT SURVEY

Applicants are considered for employment without regard to race, color, religion, sex, national origin, disability, age, genetics, veteran's status, or any other category protected by federal, state, or local statute. As a government contractor, we are committed to compliance with applicable government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other requirements, we ask that you assist us by completing this Voluntary Applicant Survey. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File.

Position(s) Applied For : _____

Date: _____ Name: _____

Referral Source: Advertisement
 Employment Agency
 Employee
 Friend
 Website
 Other _____

Submission of this information is voluntary

Check One: Male Female

Check One of the Following: White
 Black
 Hispanic
 Asian/Pacific Islander
 American Indian/Alaskan Native
 Other

Check, If Applicable: Armed Forces Service Medal Veteran
 Recent Separated Veteran
 Other Protected Veteran