

## Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for:

Application Date:

Name:

Address:

Home Phone:

Cellular/Other #:

E-Mail address:

Shift Preferred:    1    2    3    Any

Expected Pay:

Would you accept full-time work?    Yes    No

Would you accept part time work?    Yes    No

On what date would you be available for work?

If necessary, the best time to call you is:

Home

Cellular/Other

How were you referred to our Company?

Have you submitted an application here before?    Yes    No

If yes, please give date(s) and position(s) below:

Have you ever been employed here?    Yes    No    If yes, please give dates:

Is this application a request for reemployment following an extended military leave of absence from our Company?    Yes    No

If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required?    Yes    No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.)    Yes    No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes    No    Need more information about the job's "essential functions" to respond

Will you travel if required?    Yes    No    Will you work overtime if required?    Yes    No

If they have been explained to you, are you able to meet the attendance requirements of the position?    Yes    No    N/A

Have you ever been bonded?    Yes    No

Please provide your driver's license number, if driving is required for this job:

State:

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way,

restrict you ability to work for our Company?    Yes    No

If yes, please explain below:

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no-contest" to, or been convicted of, a crime?    Yes    No

If yes, please provide date(s) and details below:

## Employment Experience

Place an "X" by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer

Contact Name:

E-Mail:

Address:

Phone:

Job Title:

Supervisor:

Dates employed from (mm/yy)

to (mm/yy)

Hourly rate/salary starting:

final:

Work performed:

Reason for leaving:

What did you like most about your position?

What were the things you liked least about the position?

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Employer

Contact Name:

E-Mail:

Address:

Phone:

Job Title:

Supervisor:

Dates employed from (mm/yy)

to (mm/yy)

Hourly rate/salary starting:

final:

Work performed:

Reason for leaving:

What did you like most about your position?

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Employer

Contact Name:

E-Mail:

Address:

Phone:

Job Title:

Supervisor:

Dates employed from (mm/yy)

to (mm/yy)

Hourly rate/salary starting:

final:

Work performed:

Reason for leaving:

What did you like most about your position?

What were the things you liked least about the position?

## Employment Experience (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job?    Yes    No

If yes, please explain:

## Education Background

### High School:

Course of study:

Location:

Did you graduate?

Yes

No

Degree or Diploma:

### College:

Course of study:

Location:

Did you graduate?

Yes

No

Degree or Diploma:

### Graduate School:

Course of study:

Location:

Did you graduate?

Yes

No

Degree or Diploma:

### Vocational Training/Other:

Course of study:

Location:

Did you graduate?

Yes

No

Degree or Diploma:

Continuing Education:

## Special Training or Skills

Languages, machine operation, ect., that would be of benefit in the job for which you are applying.

## Social Security Number

SS#

The Company will make reasonable efforts to safeguard the privacy of this information and will only use it

for employment purposes.

## References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

## Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status wider applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's Signature:

Date:

## Voluntary Affirmative Action Data

### **PLEASE NOTE: Completion of this form is voluntary.**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

**To be completed by applicant on a voluntary basis. Not for interview purposed. File separately from application.**

## Applicant Information

Name:

Phone:

Address:

Male

Female

Position applied for:

Date:

### **Referral Source:**

Government employment agency

Private employment agency

Current employee

Walk-in

School

Relative

Other:

Advertisement was seen in:

Person who referred you, if applicable:

### **Please select one of the following Equal Employment Opportunity Identification Groups:**

Hispanic or Latino

White (not Hispanic or Latino)

Asian (not Hispanic or Latino)

Native Hawaiian/Other Pacific Islander (not Hispanic or Latino)

Black/African American (not Hispanic or Latino)

American Indian/Alaskan Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

### **Veteran Status Information (for government contractors with contracts of \$100,000 or more entered into on or after December 1, 2003)**

Our company is a government contractor subject to the amended Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), which requires government contractors to take affirmative action to employ and advance qualified disabled veterans, Armed Forces service medal veterans, recently separated veterans and other protected veterans. If you belong to any of these groups, we would like to include you under our affirmative action program. If you want to be included, please tell us. **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 consistent with the amended VEVRAA. This information 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, 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 (OFCCP), or the Americans with Disabilities Act, may be informed.

#### **Please check all boxes that apply to you:**

**I am an Armed Forces service medal veteran:** 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.

**I am a recently separated veteran:** 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.

**I am an "other protected" veteran:** 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 laws administered by the Department of Defense.

**I would like to be included under the company's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans.** (You may request this now and/or at any time in the future.)

**None of the above apply to me.**

**Disabled Veterans (APPLICANT: Only complete this section if the company has checked “Yes” below.) EMPLOYER: Indicate whether you are inviting applicants to participate in your company’s affirmative action program benefiting disabled veterans.**

**Yes.** We invite applicants to provide information (on a voluntary basis) regarding their status as a “disabled veteran” for inclusion in our affirmative action program. Check this box **ONLY** if your company is actually undertaking affirmative action for disabled veterans as the *application* stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT:

If our company has checked “Yes” above, you are invited to provide additional information regarding your status as a “disabled veteran”. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a “disabled veteran” as:

- a) 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
- b) A person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under our company’s affirmative action program for disabled veterans. You may elect to be included now or at any time in the future.

Yes. I would like to be included under the company’s affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

No. At this time, I would not like to be included in the company’s affirmative action program for disabled veterans.

If you are a disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

Applicant’s Signature

For Administrative Use

**Position(s) applied for:**

Current opening

No current opening

Other position(s) considered for:

Hired?

No

Yes

Hire date:

Position hired for:

**Position classification**

Executive/senior-level officials and managers

Administrative support workers

Sales workers

First/Mid-level officials and managers

Professionals

Service workers

Operatives

Technicians

Craft workers

Laborers and helpers

Additional notes

Completed by:

Date:

## DISCLOSURE AND AUTHORIZATION FORM

Poca Valley Bank (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

TalentWise Solutions LLC, a consumer reporting agency, will obtain the report for the Company. TalentWise Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that will be included in your report include: *credit reports, social security number trace, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The Company will only request credit reports insofar as they relate to the position for which you are applying. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.

Provided to you with this authorization is a Summary of Your Rights Under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. Please do not sign this authorization until you have received this summary.

I have carefully read and understand this disclosure and authorization form and I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" provided with this form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by TalentWise Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

**Dated:**

**First Name:**

**Full Middle Name:**

**Last Name:**

**Signature:**

**SSN:**

**Drivers License #:**

**State of Issue:**



*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051