

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



PLEASE READ BEFORE COMPLETING THIS APPLICATION

The Bank does not discriminate in hiring or employment on the basis of race, color, religious creed, disability, national origin, sex, sexual orientation, gender identity or ancestry or on the basis of age against person over age forty.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

The Bank, at its own expense, arranges for a surety bond for each of its employees. Unless the applicant's background is acceptable to a surety company (not relative to race, color, religion, sex (including pregnancy), national origin, genetic information, sexual orientation, gender identity, ancestry, disability, age, creed, or veteran status), it will be difficult to secure this bond and the Bank may be unable to offer employment.

I hereby acknowledge that I have read the foregoing disclosure and understand the same.

Signature: _____ Date: _____

Please answer every question. Use INK.

PRINT

FIRST MIDDLE LAST DATE

Address _____
NUMBER STREET TELEPHONE NUMBER

CITY STATE ZIP CODE LENGTH OF TIME AT THIS ADDRESS SOCIAL SECURITY NO.

List previous addresses within the United States, except Military, if address changed during the past 2 years.

NO. STREET CITY STATE FROM (DATE) TO

NO. STREET CITY STATE FROM (DATE) TO

NO. STREET CITY STATE FROM (DATE) TO

Type of work desired _____ Salary requirements _____

How were you referred to us? _____ Date available for work _____

Are you over 16 years of age? ☐ Yes ☐ No

Are you a United States citizen or legally eligible for employment in the United States? ☐ Yes ☐ No

EDUCATION

NAME	ADDRESS	CITY	STATE	Major Course or Subject	Circle last year completed	Degree
HIGH SCHOOL OR PREPARATORY					1 2 3 4	
BUSINESS SCHOOL					1 2 3 4	
COLLEGE					1 2 3 4	
GRADUATE WORK					1 2 3 4	

List scholastic honors, offices held, and activities in high school:
(Omit any that would indicate sex, race, ancestry, national origin, or religion)

List scholastic honors, offices held, and activities in college:
(Omit any that would indicate sex, race, ancestry, national origin, or religion)

If you did not graduate, why did you leave school or college? _____

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

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

GENERAL INFORMATION

Use the space below to describe your interests, skills, and aptitudes that you feel qualify you for a position in the Bank.
If you need more space, please continue on back page.

Have you ever applied here before? ☐ Yes ☐ No

EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States.

Include self-employment, summer and part-time jobs.

Name and Address of Former Employer	Dates Employed		Position, Duties, & Supervisor	Salary		Reason for Leaving
COMPANY NAME	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
NUMBER & STREET	→					
CITY & STATE ZIP						
COMPANY NAME	From Mo. & Yr.	To Mo. & Yr.				
NUMBER & STREET	→					
CITY & STATE ZIP						
COMPANY NAME	From Mo. & Yr.	To Mo. & Yr.				
NUMBER & STREET	→					
CITY & STATE ZIP						
COMPANY NAME	From Mo. & Yr.	To Mo. & Yr.				
NUMBER & STREET	→					
CITY & STATE ZIP						

If you need more space, please continue on back page.

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No (A conviction record will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

If yes, give date and nature of offence and disposition of the case: _____

Name the machines you can operate: _____

Do you have any interest in an outside business or expect to work after hours? _____

If so, give particulars: _____

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask an employment interviewer before signing.

PERSONAL REFERENCES (Not former employers or relatives)

Name	E-Mail Address	Phone

JOB APPLICANT’S AGREEMENT AND CERTIFICATION

I authorize the investigation of all matters contained in this application and hereby give the company permission to contact schools, references, previous employers (unless otherwise indicated), and others, and hereby release the company from any liability as a result of such contact. I understand that any misrepresentation or omission of important facts and relevant information called for is just cause for dismissal at any time without previous notice. I further understand that my first 90 days of employment with this company shall be a trial period, and further that at any time during the trial period and thereafter, my “at will” employment relationship with the company is terminable for any reason by either party. If employed, I understand that the company may unilaterally change or revise fringe benefits, policies and procedures and such changes may include reduction in benefits. I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986. If no action is taken on this application within 365 days of signature, it will be destroyed.

Signature of Applicant_____Date_____



In processing this employment application, the Bank may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, police record, personal characteristics and mode of living. You have the right to request that the Bank completely accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resource Department of the Bank within a reasonable time after you complete this application.

I hereby acknowledge that I have read and understand the foregoing disclosure.

Signature: _____

Date: _____



Date: _____

Dear Applicant:

First Century Bank is an equal employment opportunity employer. Our commitment is to recruit and hire the best qualified person available in all job classifications without regard to race, color, sex, religion, age, national origin, disability, or handicap, veteran status or any other characteristic protected by Title VII of the 1964 Civil Rights Act. As an applicant we are asking you to help us by voluntarily providing the information below. The information contained will be held in confidence and will be filled and recorded separately from your application.

Thank you for assisting us and applying at First Century Bank.

Answering the questions below is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all applicants.

1. Sex (please check one)

Male____ Female____

2. Date of Birth

Month____Day____Year____

3. Race (please check one)

____ **Caucasian**

a person having origins in any of the original people of Europe, North Africa, or the Middle East

____ **African American**

a person having origins in one of the Black racial groups of Africa

____ **Hispanic**

a person having origins in Mexico, Puerto Rico, Cuba, Central America, South America, or other Spanish culture regardless of race.

____ **American Indian/Alaskan native:**

a person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

____ **Asian/Pacific Islander:**

a person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or any of the Pacific Islands.

4. Position for which you are applying_____

Signature_____ **Date**_____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0055
Expires 1/31/2017
Page 1 of 2

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. 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 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 PROTECTED VETERAN STATUS

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), which requires Government contractors to take affirmative action to employ and advance in employment. If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The classifications are defined as follows:

- 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.
- 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.
- 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

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

☐ I AM NOT A PROTECTED VETERAN

☐ DECLINE TO SELF-IDENTIFY

You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you are a disabled veteran it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

The information you submit 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, when and 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, or enforcing the Americans with Disabilities Act, may be informed.

Your Name

25017771_1

Today's Date



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[**IMPORTANT** -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION] DISCLOSURE
REGARDING BACKGROUND INVESTIGATION

[First Century Bank] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. 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 conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [First Century Bank] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, First Century Bank, or insurance company to furnish any and all background information requested by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645], another outside organization acting on behalf of [First Century Bank], and/or [First Century Bank] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* #

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Date of Birth*

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Driver's License #

--	--	--	--	--	--	--	--	--	--

State of Driver's License

--	--	--	--	--	--	--	--	--	--

Present Address

--	--	--	--	--	--	--	--	--	--

Phone Number

--	--	--	--	--	--	--	--	--	--

City/State/Zip

--	--	--	--	--	--	--	--	--	--

All Previous Addresses in the Last Seven Years

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Signature:

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Date:

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**This information will be used for background screening purposes only, and will not be used for hiring criteria.*

Post Office Box 1559 · Bluefield, West Virginia 24701 – 1559 · Telephone (304) 325-8181

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **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) a person has taken adverse action against you because of information in your credit report; (b) you are the victim of identity theft and place a fraud alert in your file; (c) your file contains inaccurate information as a result of fraud; (d) you are on public assistance; (e) you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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, First Century Bank, 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 First Century Banks.** A consumer reporting agency may not give out information about you to your First Century Bank, or a potential First Century Bank, without your written consent given to the First Century Bank. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **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 1-888-567-8688.
- **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.consumerfinance.gov/learnmore.

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.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<i>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</i> <i>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</i>	<i>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552</i> <i>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</i>
<i>2. To the extent not included in item 1 above:</i> <i>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</i> <i>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</i> <i>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</i> <i>d. Federal Credit Unions</i>	<i>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</i> <i>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</i> <i>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</i> <i>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</i>
<i>3. Air carriers</i>	<i>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Ave, Washington, DC 20590</i>
<i>4. Creditors Subject to Surface Transportation Board</i>	<i>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW, Washington, DC 20423</i>
<i>5. Creditors Subject to Packers and Stockyards Act</i>	<i>Nearest Packers and Stockyards Administration area supervisor</i>
<i>6. Small Business Investment Companies</i>	<i>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</i>
<i>7. Brokers and Dealers</i>	<i>Securities and Exchange Commission 100 F St NE Washington, DC 20549</i>
<i>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</i>	<i>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</i>
<i>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</i>	<i>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</i>