# Application For Employment

NORTHVIEW BANK

We consider application for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Position(s) Applying For: Date of Application

How Did You Learn About Us?
Advertisement ☐ Relative ☐ Inquiry ☐
Employment Agency ☐ Friend ☐ Other ☐

Last Name First Name Middle Name

Address City State Zip

Telephone Number(s) Home:_____

Other:_____

Email Address _____

Best time to contact you at home is ---------- ____:____ am

____:____ pm

If you are under 18 years of age, can you provide required proof of your eligibility to work ---------- Yes ◯ No ◯

Have you ever filed an application with us before?---------- Yes ◯ No ◯

Have you ever been employed with us before? --------If Yes, give Date_____---------- Yes ◯ No ◯

Do any of your friends or relatives work here? ---------- Yes ◯ No ◯

Are you currently employed? ---------- Yes ◯ No ◯

May we contact your present employer? ---------- Yes ◯ No ◯

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of Citizenship or Immigration status will be required upon employment --- Yes ◯ No ◯

Date Available for work____/____/_____ What is your desired salary range?_____

Are you available to work Full Time _____
Part Time _____

Can you travel if a job requires it?---------- Yes ◯ No ◉

# Education

| | Name and Address of School | Course of Study | Number of Years | Diploma Degree |
|---|---|---|---|---|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Describe any job-related training received in the United States Military:

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer

Address

Telephone Number(s)

Dates Employed From _____/_____ To _____/_____

Job Title

Duties Performed:

Wage Starting $_____ Final $_____

Reason(s) for Leaving:

Employer

Address

Telephone Number(s)

Dates Employed From _____/_____ To _____/_____

Job Title

Duties Performed:

Wage Starting $_____ Final $_____

Reason(s) for Leaving:

Employer

Address

Telephone Number(s)

Dates Employed From _____/_____ To _____/_____

Job Title

Duties Performed:

Wage Starting $_____ Final $_____

Reason(s) for Leaving:

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

Describe any special job-related skills or training you have acquired from employment or other experience.

# Additional Information

Specialized Skills (Check Skills/Equipment Operated)

Spreadsheet ☑ PC/MAC ☑ Other (list) _____

Word Processing ☐ Typewriter ☐ _____

_____

_____

_____

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which your are applying, either with or without a reasonable accommodation?

☐ Yes ☐ No

References:

1. _____ (  ) _____
   (Name) (Phone)

   _____
   (Address)

2. _____ (  ) _____
   (Name) (Phone)

   _____
   (Address)

3. _____ (  ) _____
   (Name) (Phone)

   _____
   (Address)

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall bee considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employees may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Northview Bank.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant Date

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, disability, or any other legally protected status.
As an employer subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations, we invite employees to voluntarily self-identify their race or ethnicity in order to comply with these laws. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Current Job Applying For or Employee Name: Date:

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Check One: ☐ Male ☐ Female

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Check One Of The Following: (Ethnic Origin)

☐ Hispanic or Latino

☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

☐ Asian (Not Hispanic or Latino)

☐ American Indian or Alaska Native (Not Hispanic or Latino)

☐ Two or More Races (Not Hispanic or Latino)

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Check If Any Of The Following Are Applicable:

☐ Vietnam Era Veteran ☐ Special Disabled Veteran ☐ Newly Separated Veteran

☐ Other Protected Veteran ☐ Disabled Individual

# Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017


## 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.[i] 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 an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. 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.

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.