



## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER M/F/DISABILITY/VETERAN

United Bank provides equal opportunity in employment for all qualified persons and prohibits discrimination in employment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, veterans status, disability unrelated to job requirements, genetic information, military service, or other protected status. All personnel actions, including but not limited to those relating to hiring, compensation, benefits, transfers, layoffs, return from layoffs, training, education, and tuition assistance are based on the principle of equal employment opportunity. Each officer of United Bank is responsible for ensuring that individuals are afforded equal opportunity and are not denied access to these benefits.

United Bank will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by United Bank, or is consistent with United Bank's legal duty to furnish information.

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

Please complete this form thoroughly. Replies to all questions will be held in strictest confidence. If your answers or statements require additional space, obtain supplemental sheets from the Human Resources Department.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name	First	Middle
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Phone Number	Social Security Number
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**Note:** New employees will be required to substantiate residency status in compliance with the Immigration Reform and Control Act of 1986.

Present Address: Street	City	State	Zip	From	To
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Prior Address: Street	City	State	Zip	From	To
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<b>Hours Desired</b>  <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	<b>Hours of availability?</b> _____  <b>How soon could you report to work?</b> _____  <b>Could you travel if required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Salary Expected:</b>  \$ _____  per _____
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Have you ever worked for United Bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Where? _____		When? _____

How did you hear about the position?  United Bank Employee referred me: Who? \_\_\_\_\_  
 Internet (AccessUnited)  Walk-in  Other \_\_\_\_\_  
 Government Employment Agency Or  Private Employment Agency Agency Name \_\_\_\_\_

Are you related to any employee of United Bank?  Yes  No  
 If Yes, give employee name, relationship and department \_\_\_\_\_

Have you ever been convicted of, or plead guilty or nolo contendere to any crime?  Yes  No

If Yes, describe offense: \_\_\_\_\_ Date: \_\_\_\_\_

Any criminal offense will not necessarily disqualify you from employment, but each offense will be evaluated based upon its nature, when the activity occurred and the type of position sought with the Bank.

**SHOW PRESENT AND PAST EMPLOYMENT: (Begin with most recent)**

Dates Month/Year	Employer Name and Address	Salary Start / Final	Type of Business	Position/Supervisor Telephone No.	Reason for Leaving
From: _____ To: _____	_____ _____ _____ _____	\$ _____ Per _____ To \$ _____ Per _____			
From: _____ To: _____	_____ _____ _____ _____	\$ _____ Per _____ To \$ _____ Per _____			
From: _____ To: _____	_____ _____ _____ _____	\$ _____ Per _____ To \$ _____ Per _____			
From: _____ To: _____	_____ _____ _____ _____	\$ _____ Per _____ To \$ _____ Per _____			

In two sentences, please tell us why you would be an asset to United Bank: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or requested to resign from a position?  Yes  No  
 If "Yes", explain:

Does your present employer know of your plans to change employment?  Yes  No

**GIVE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS**

Name	Telephone Number	Years Known

Have you ever served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what branch or branches?	Type of Discharge:
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LIST EDUCATION NAME AND LOCATION	Circle last year completed	Graduated	Diploma or Degree	Major & Minor Studies	Grade Averages
HIGH SCHOOL	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
GRADUATE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER (extension, night, business)		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Do you plan to continue your education <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?
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Are you fluent in any foreign languages? Please list:

**Check the appropriate space below to show experience or training.**

- Bookkeeping                       Excel                       PowerPoint  
 Accounting                       Microsoft Word                       Access  
 Other: \_\_\_\_\_

Please summarize special skills, qualifications or experience, which make you suitable for the position you seek.

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**1. Please list job related awards or leadership positions held (work or school). Or, what is your greatest achievement?**

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**2. Tell us about an event or story that has helped shape and prepare you for your career.**

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**3. Tell us about one of your interesting or notable attributes. How do you think it might relate to the job you are looking to pursue?**

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**4. Please write a short paragraph about what you like most about United Bank and include why we should hire you, why you want this particular job, and why you want to work for United Bank**

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## APPLICANT'S STATEMENT

- (A) In consideration for United Bank's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing United Bank to conduct a pre-employment drug screen, a criminal background check, and a credit history investigation. Additionally, I authorize United Bank, in consideration for United Bank's review of this application, to supply my employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.
- (B) As a candidate for employment, I realize that United Bank requires information concerning my past work performance, background, and qualifications. Much of this information may only be supplied by my prior employers. In consideration for United Bank evaluating my application, I authorize my previous employers to provide information to United Bank concerning my work performance, my employment relationship, my qualifications, and my conduct while an employee of their organizations. Recognizing that this information is necessary for United Bank to consider me for employment, I release these prior employers and waive any claims which I may have against those employers for providing this information.
- (C) United Bank has my permission to use my photograph, likeness, artwork, profile and or story in any publications, web pages and any other promotional materials produced, used by and representing United Bank. I understand there will be no compensation to me for this use, I fully release United Bank from any claim for damages of any kind (including but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness, or image) arising out of the use of publication of my photograph by the Bank. I agree not to sue or initiate legal proceedings against the Bank for such use or publication. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.
- (D) In the event of my employment, I will comply with all rules and regulations as set forth in United Bank's policy manual or other communications distributed to employees.
- (E) I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.
- (F) I hereby acknowledge that I have read the above statement and understand the same.

Application Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_





# Applicant Data Record

Applicants and employees are considered for all positions and are treated without regard to race, color, religion, ancestry, sex, national origin, age, marital or veteran status, genetic history or information, disability, or any other legally protected category.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Requisition Code: \_\_\_\_\_ Requisition Dept.: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employee  Job Fair

Employment Agency  PAVA State Employment Office  Other \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Phone: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

Address: \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP CODE COUNTY

Social Security Number: XXX-XX-\_\_\_\_\_ (last 4 digits only)

## Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:  Male  Female

Check one of the following:

Race/Ethnic Group:  White  Black or African-American  Hispanic or Latino  
 American Indian or Alaskan Native  Asian  
 Native Hawaiian or other Pacific Islander  Two or more races

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**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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. 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. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below.**

I Identify as One or More of the Classifications of Protected Veteran Listed Above

I am NOT a Protected Veteran

**(See reverse side for appropriate definitions)**

## DEFINITIONS

**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.

**Armed Forces service medal veteran** means any 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 (61 FR 1209).

**Disabled veteran means:** (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

**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.

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/17

## 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.<sup>1</sup> 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
- 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 Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/17

### 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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<sup>i</sup> 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](http://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.