

**AN EQUAL OPPORTUNITY EMPLOYER**

Virginia Bank & Trust is an equal opportunity and affirmative action employer. We comply with federal, state and/or local laws that prohibit discrimination on the basis of race, color, religion, national origin, sex, age, veteran status, disability, sexual orientation or gender identity or other such categories. Information used in this application will not be used to discriminate against any individual in any manner.

**Please print in ink. It is to your advantage to fill out all sections completely.**

Name (Last, First & Middle):		Social Security No.	How did you hear about this position? <input type="checkbox"/> Monster <input type="checkbox"/> Hot Jobs <input type="checkbox"/> Career Mosaic <input type="checkbox"/> Net-temps <input type="checkbox"/> Other Internet Job Board . _____ <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Referral name _____ <input type="checkbox"/> Other _____
Address:			
City:	State:	Zip:	
Phone #: Evening ( ) Day ( ) Mobile ( )	Email Address:		

Position you are applying for: _____ Location: _____	Please check all that apply: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	Available Date:
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If hired, can you provide proof that you are legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof that you are over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been employed by Virginia Bank & Trust before? <input type="checkbox"/> No <input type="checkbox"/> Yes Office Location _____	List any relatives working at Virginia Bank & Trust, and their relationship to you: Name: _____ Relationship: _____ Name: _____ Relationship: _____
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Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes (A yes answer is not an automatic bar to employment).  Note: Please do not provide any information regarding an offense for which you were referred to, and participated in, any pretrial or post trial diversion program. In addition, please do not provide information concerning any record that has been sealed, erased or expunged.	If yes please explain:
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**Education**

School	School Name/Location	Grade Completed	Major(s)	Degree(s)/ Diploma
High School				
College/University				
College/University				
Graduate/Professional School				

List all registrations, certifications, professional seminars or licenses related to the work for which you are applying.

Registration, Certification, or License or Course Number	State in Which Issued	Expiration Date	Area of Expertise/ Field of Study	Course Name

## Employment History

Company's Name		Supervisor's Name	
Hire Date:	End Date:	Last Salary: \$	Title:
Address:		City	State      Zip
Describe your job duties:			

Company's Name:		Supervisor's Name:	
Hire Date:	End Date:	Last Salary: \$	Title:
Address:		City	State      Zip
Describe your job duties:			

Company's Name:		Supervisor's Name:	
Hire Date:	End Date:	Last Salary: \$	Title:
Address:		City	State      Zip
Describe your job duties:			

## Professional References

Name:	Company/Title: Prof. Relationship:	Phone #: (   )	E-mail:
Name:	Company/Title: Prof. Relationship:	Phone #: (   )	E-mail:
Name:	Company/Title: Prof. Relationship:	Phone #: (   )	E-mail:

If you become an employee of Virginia Bank & Trust, it is understood and agreed that your employment is on an "at-will" basis and may be terminated with or without cause, with or without notice, at any time, at the option of Virginia Bank & Trust or yourself. Your at-will status may only change by an agreement signed by you and an Officer of the Bank.

**Acknowledgement:** I hereby certify that the information contained in or submitted with this application is true and accurate. I authorize Virginia Bank & Trust to contact my school, references, and/or past employers, for a complete account of their experiences with me and I do unconditionally release all parties from liability for any damage that may result from furnishing this information to you. I understand that if employed, any misrepresentation or material omission of facts on this form or other employment documentation is sufficient cause for my termination.

By submitting your personal information and signing the employment application, you agree that Virginia Bank & Trust may process it for recruitment, human resources processes and background check purposes.

I have read, acknowledge, understood and agreed to the above statements.

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

Date \_\_\_\_\_



**Application for Employment  
An Equal Opportunity Employer**

We consider applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, sexual orientation or gender identity or other such categories. Equal access to program, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the individual responsible for Human Resources.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applications will be considered for vacancies which arise during the 60 day period following submission. Applicants should complete an updated application if not contacted and/or hired during this 60 day evaluation period.

Please complete this form carefully in your own handwriting. Replies to all questions will be held in strictest confidence. If your answers or statements require additional space, please obtain supplemental sheets of paper from the receptionist or attach your own supplemental sheets of paper to your application.

In order to be considered for employment, this application must be completed in full. Please indicate the specific job title and location for which you are interested in being considered. Individuals who express an interest in "any" position, or a generic title will not be considered for employment.

Virginia Bank & Trust is committed to maintaining a workplace free of the problems associated with drug and alcohol abuse. As such, all applicants are required to undergo testing as part of the pre-employment process. If you currently use drugs, we suggest that you do not complete the application process. A positive drug test will result in disqualification from employment or withdrawal of any employment offer.

Revised July 2017



**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at will and can be terminated by either party with or without notice at any time for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Authorization to Obtain Credit Report Information  
From an Outside Source**

By signing this document, I authorize Virginia Bank and Trust to obtain information regarding my creditworthiness, standing or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by Virginia Bank and Trust in making a decision regarding my employment.

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Signature of Applicant

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Date

## VIRGINIA BANK & TRUST APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

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

We comply with government regulations, including affirmative action responsibilities where they apply.

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

PLEASE PRINT

Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Name \_\_\_\_\_ (\_\_\_\_\_) Phone \_\_\_\_\_  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street City State Zip Code

Referral Source:

- |  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend  | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Walk In | Other _____                       |

### CONFIDENTIAL INFORMATION VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

- Male  Female

Check one of the following Race/Ethnic Groups:

- Hispanic or Latino  Other

If other, check one of the following Race/Ethnic Groups:

- |  |  |
|--|--|
| <input type="checkbox"/> White                                 | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Asian                                 | <input type="checkbox"/> Two or more Races                         |
| <input type="checkbox"/> Native American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

If Native American Indian, check if any of the following are applicable:

- Formal member of a particular tribe
- Have a membership card issued by the tribe
- Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
- Are considered an American Indian in your community
- Used American Indian School or hospital

- I am:
- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. A Disabled Veteran  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. An Armed Forces Service Medal Veteran                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. A Recently Separated Veteran  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. An Active Duty Wartime or Campaign Badge<br>(Other Protected) Veteran | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**Definitions:**

1. A Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
2. 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 (61 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
3. Recently Separated Veterans 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.
4. Active Duty Wartime or Campaign Medal (Other Protected) Veterans 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. Information also may be obtained by sending an email to [helpdesk@vets100.com](mailto:helpdesk@vets100.com) or by calling (301) 306-6752.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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.<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 1/31/2020  
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### 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>1</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.