



AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION:

Nantahala Bank & Trust Company does not discriminate against any employee or applicant for employment on the basis of race, color, religion, national origin, sex, age, physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE ANSWER EVERY QUESTION COMPLETELY. USE INK.

Please Print
NAME

FIRST _____ MIDDLE _____ LAST _____ DATE _____
ADDRESS

NUMBER _____ STREET _____ HOME TELEPHONE _____

CITY _____ STATE _____ ZIP CODE _____ BUSINESS TELEPHONE _____

SOCIAL SECURITY NUMBER _____

List previous addresses within the United States, except Military, if address changed during the past 5 years.

NUMBER STREET CITY STATE STARTING-END DATES

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POSITION YOU ARE APPLYING FOR

SALARY EXPECTED

(CIRCLE) FULL-TIME PART-TIME _____
SPECIFY DAYS/HOURS

DATE AVAILABLE FOR WORK

WORK LOCATION DESIRED: _____

HAVE YOU EVER BEEN EMPLOYED HERE PREVIOUSLY? NO YES WHEN? _____

HAVE YOU EVER APPLIED HERE BEFORE? NO YES WHEN? _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS? NO YES IF NO, EXPLAIN:

EMPLOYMENT RECORD

Starting with **Present or Most Recent** list *all* previous employers. Include military service, self-employment, summer and part-time employment. If you need more space, continue on separate sheet.

COMPANY NAME				Telephone ()
Street	City	State	Zip	Employed (Month and Year) From To
Name of Supervisor				Salary Start Last
Job Title				Reason for Leaving
Describe Your Work				
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY NAME				Telephone ()
Street	City	State	Zip	Employed (Month and Year) From To
Name of Supervisor				Salary Start Last
Job Title				Reason for Leaving
Describe Your Work				
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY NAME				Telephone ()
Street	City	State	Zip	Employed (Month and Year) From To
Name of Supervisor				Salary Start Last
Job Title				Reason for Leaving
Describe Your Work				
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY NAME				Telephone ()
Street	City	State	Zip	Employed (Month and Year) From To
Name of Supervisor				Salary Start Last
Job Title				Reason for Leaving
Describe Your Work				
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

If dates of employment are not consecutive or you have not accounted for all of your work experience, please provide details:

Have you ever been discharged or asked to resign from an employer? Yes No If yes, please provide specific information:

Are any of your educational or employment records listed under a different name? No Yes

Other Name _____ Dates _____

Do you have a legal right to work in the United States of America? No Yes Can you provide proof? No Yes

REFERRED BY: Walk-in Advertisement Employment Agency College Other

Employee Referral: _____

Employee Name _____

EDUCATION

Name	City, State	Major Course or Subject	Did You Graduate?	If graduated, month & year	Degree
High School or Preparatory				X	
Business School					
College					
College					
Graduate Work					

List Scholastic Honors, Offices Held, and Activities:

SKILLS

Equipment Operated	Software Used
_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES

Please list below the names of four (4) people you have worked with/for in the past. At least one name must be a supervisor you had within the last three (3) years.

Name _____	Title _____	Company _____
Are They Still There? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone# where they can be reached _____	_____
Name _____	Title _____	Company _____
Are They Still There? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone# where they can be reached _____	_____
Name _____	Title _____	Company _____
Are They Still There? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone# where they can be reached _____	_____
Name _____	Title _____	Company _____
Are They Still There? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone# where they can be reached _____	_____

Please write a brief paragraph stating the specific job you are applying for, and why you feel qualified for this position.

TERMS OF APPLICATION

Please carefully read the following terms and certify by your signature that you have read, understand and agree to them.

This application and any material accompanying it shall become the sole property of Nantahala Bank and Trust Company. This application will be given every consideration, but its acceptance by Nantahala Bank & Trust Company does not imply that the applicant WILL be employed.

Any applicant hired by Nantahala Bank & Trust Company WILL be an employee at will without a fixed term of employment. Any of Nantahala Bank & Trust Company policies, procedures or benefits can be changed, interpreted, withdrawn or added to at any time, without any prior notes.

Each employee must have documentation showing his/her identity and authorization to work in the United States.

Each employee agrees to make no unauthorized disclosure of any confidential or proprietary Nantahala Bank & Trust Company information, inventions, systems, processes or methods of business, nor disclose any customer information.

Nantahala Bank & Trust Company employees who drive on company business must possess a valid drivers license. The drivers license must not restrict driving in any manner that conflicts with job requirements. An unsatisfactory driving record may result in the loss or restriction of driving privileges on company business, which could cause termination of your employment if driving is required.

Nantahala Bank & Trust Company will make a thorough investigation of an applicant's entire work and personal history and may verify all data given in this application, related papers, or oral interviews.

By signing this application, I authorize any party or agency contacted by Nantahala Bank & Trust Company, or its authorized representatives, to procure a background report and credit history. This report may include such information as: driving record, social security verification, criminal records, etc., from federal, state, and other agencies which maintain such records.

Have you ever been convicted of a crime, whether felony or misdemeanor? Yes No

If YES, list any criminal convictions, providing nature of the offense(s), the date(s), county/parish, and state.

(Conviction will not automatically exclude you from employment consideration)

By signing this application, I authorize any educational institution that I have attended to release transcript data, and any former employer to release reference data to Nantahala Bank & Trust Company and I agree to hold harmless all such parties from any damage that may result from furnishing such information.

My signature below certifies that all statements made on this application are correct and complete. I understand that any misleading or incorrect statements or omissions may render this application void and, if I am employed, may be cause for immediate dismissal.

Signature

Date





DISCLOSURE REGARDING CONSUMER REPORTS

Nantahala Bank & Trust Company Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with Nantahala Bank & Trust Company (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a “consumer report” and/or an “investigative consumer report” on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a “background check report.”

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1’s files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@trak-1.com

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for Nantahala Bank & Trust Company to obtain a complete consumer report:

Full Legal Name : _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Gender*: M / F Race*: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to Nantahala Bank & Trust Company any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish Nantahala Bank & Trust Company and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

** This information will be used for background screening purposes only.*

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Job Title: _____

Date of Hire: _____

Affirmative Action Program (Using EEO Race Categories)

NOTE: THIS INFORMATION WILL BE KEPT PRIVATE

It is Nantahala Bank & Trust's policy not to unlawfully discriminate against any employee or applicant for employment on the basis of race, color, religion, national origin, sex, sexual preference or orientation, marital status, age, physical or mental disability, or status as a special disabled veteran, veteran of the Vietnam era, or other eligible veteran.

Nantahala Bank & Trust is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Nantahala Bank & Trust invites employees to voluntarily self-identify their race or ethnicity. 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.

Instructions: We are asking all applicants to read and complete this questionnaire. This information is requested on a strictly voluntary basis and will not subject you to any adverse treatment.

Name: _____ Position applied for: _____
(Please Print)

If you do not wish to furnish this information, please sign. _____

Race/Sex Information

If you do wish to furnish this information, please circle one category in each column.

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Female | <input type="checkbox"/> White (not Hispanic or Latino) |
| | <input type="checkbox"/> Black or African American (not Hispanic or Latino) |
| | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) |
| | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) |
| | <input type="checkbox"/> Two or More Races (not Hispanic or Latino) |
-

Status as a Special Disabled Veteran, Armed Forces Service Medal Veterans, and Other Eligible Veteran.

If you are an Armed Forces Service Medal Veteran, a Qualified Disabled Veteran, or a Recently Separated Veteran and would like to be considered under our affirmative action program, please indicate how you would like to be identified by checking the appropriate box.

_____ Individual with a Disability, _____ Armed Forces Service Medal Veteran, _____ Recently Separated Veterans (Discharged from active duty within the past three years)

If you are an individual with a disability or a special disabled veteran, please indicate what, if any, reasonable accommodations you believe you need to perform the job you are applying for properly and safely.

