

SUNMARK COMMUNITY BANK
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, VETERAN STATUS, AGE, OR ANY NON-JOB RELATED DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY 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, obtain supplemental sheets from the receptionist.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE 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.

Position sought: _____ Date: _____

Last Name First Middle					
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss					
Name Most Often Called (Nickname)			Phone		Social Security Number
NOTE: New employees will be required to substantiate work eligibility status in compliance with the Immigration Reform and Control Act of 1986.					
Present Address:				From	To
Street		City	State	Zip	
Present Address:					
Street		City	State	Zip	
Present Address:					
Street		City	State	Zip	

Position Desired? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	How soon could you report to work? _____	Salary expected: \$ _____ per _____
	Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for the Bank or any Bank now part of the Bank? If yes, where and when:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you related to any employee of the Bank? Yes No

If yes, give that employee's name, your relationship and their department:

During the past 7 years, have you ever been convicted of, or plead guilty or nolo contendere to any crime?
 Yes No

If so, state date, court, and place where offense occurred:

(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, INCLUDING PART-TIME EMPLOYMENT:

Dates Month/ Year	Employment	Salary Start/Final	Type of Business	Position/ Supervisor	Reason for Leaving
				Telephone Number	
From	Co. Name	\$ _____ Per _____			
To	Address	To _____ \$ _____ Per _____			
From	Co. Name	\$ _____ Per _____			
To	Address	To _____ \$ _____ Per _____			
From	Co. Name	\$ _____ Per _____			
To	Address	To _____ \$ _____ Per _____			
From	Co. Name	\$ _____ Per _____			
To	Address	To _____ \$ _____ Per _____			

EXPLAIN ALL UNEMPLOYMENT INTERVALS EXCEEDING FOUR WEEKS

From	State your activities during this period	Can someone verify your activities during this period? Please list name and current telephone number.
To		<input type="checkbox"/> Yes <input type="checkbox"/> No Name: Telephone Number:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why do you desire to make a change?			
GIVE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS				
NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	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?	Rank at time of discharge		

LIST ALL SCHOOLING					
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	If so, do you have outstanding at present any applications for admission to any school? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where?	
What foreign languages do you speak, read or write?					
Check the appropriate space below to show experience or training in the skills or equipment named. Name and briefly describe courses taken in school, present or past positions, or other experience that will especially fit you for this position.					
<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Typing (Speed) _____ wpm <input type="checkbox"/> Computer Systems/Software List: _____ <input type="checkbox"/> Accounting <input type="checkbox"/> Adding Machine <input type="checkbox"/> Tabulating Equipment <input type="checkbox"/> Dictating Equipment <input type="checkbox"/> Other: _____					
Please summarize special skills, qualifications or experience, which make you suitable for the position you seek.					

APPLICANT'S STATEMENT

- (A) In consideration for the Bank's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Bank to conduct, when requested, a pre-employment drug screen, a criminal or credit history investigation. Additionally, I authorize the Bank, in consideration for the 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 the 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 the Bank evaluating my application, I request that the previous employers referenced above provide information to the Bank's human resource representatives 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 the 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) I understand and agree that my employment, if hired, is for no definite period and may be terminated at my option or the option of the Bank at any time without any previous notice.
- (D) In the event of my employment, I will comply with all rules and regulations as set forth in the 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: _____

SunMark Community Bank is an Equal Employment Opportunity employer of women, minorities, protected veterans and individuals with disabilities. EEO is the Law.

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.

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

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.

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:

- Advertisement
- Friend
- Relative
- Employment Agency
- 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:

- White
- Black or African American
- Asian
- Two or more Races
- Native American Indian/Alaskan Native
- 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
(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 or by calling (301) 306-6752.

Voluntary Self-Identification of Disability

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

Voluntary Self-Identification of Disability

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

¹ 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.