



Employment Application

Oregon Pacific Bank does not accept unsolicited applications

REQ # _____ DATE: _____

POSITION APPLIED FOR _____

Last Name _____ First Name _____ Middle _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Email Address _____

Daytime Phone _____ Cell Phone _____

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

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No *(Proof of citizenship or immigration status will be required upon employment.)*

Date available for work _____

Are you available to work Full-Time Part-Time Mornings Afternoons

What is your desired salary range? _____

Are you currently in "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

At any time have you been convicted of a felony that pertains to cash handling, check fraud, account embezzlement, or theft? Yes No

Or, have you ever entered into a pretrial diversion program in connection with a prosecution of such offense? Yes No

EDUCATION				
	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, job-related skills and qualification from employment or other experience.

EMPLOYMENT EXPERIENCE (*Start with your present or last job.*)

1. Employer _____

Address _____

City _____ State _____

Telephone Number _____

Job Title _____

Work performed _____

Supervisor _____ May we contact your supervisor? Yes No

Dates employed: From _____ to _____

Reason for Leaving _____

2. Employer _____

Address _____

City _____ State _____

Telephone Number _____

Job Title _____

Work performed _____

Supervisor _____ May we contact your supervisor? Yes No

Dates employed: From _____ to _____

Reason for Leaving _____

3. Employer _____

Address _____

City _____ State _____

Telephone Number _____

Job Title _____

Work performed _____

Supervisor _____ May we contact your supervisor? Yes No

Dates employed: From _____ to _____

Reason for Leaving _____

4. Employer _____

Address _____

City _____ State _____

Telephone Number _____

Job Title _____

Work performed _____

Supervisor _____ May we contact your supervisor? Yes No

Dates employed: From _____ to _____

Reason for Leaving _____

5. Employer _____
Address _____
City _____ State _____
Telephone Number _____
Job Title _____
Work performed _____
Supervisor _____ May we contact your supervisor? Yes No
Dates employed: From _____ to _____
Reason for Leaving _____

List the computer skills in which you are proficient.

List professional, trade, business, or civic activities and offices held. <i>(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status.)</i>

REFERENCES

1. Name _____ Phone _____
Address _____
City _____ State _____
Work Contact Personal Contact

2. Name _____ Phone _____

Address _____

City _____ State _____

Work Contact Personal Contact

3. Name _____ Phone _____

Address _____

City _____ State _____

Work Contact Personal Contact

NOTE: A RESUME MUST ACCOMPANY THIS APPLICATION TO BE COMPLETE.

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.

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 Employee 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 this organization.

In the event of employment, I understand that material omissions or 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 regulation of the employer.

Signature of Applicant

Date

Oregon Pacific Bank is an equal opportunity employer and as such, we consider individuals for employment according to their abilities and performance. Employment decisions are made without regard to race, color, religion, national origin, disability, age, sex, genetics, marital status, status as a protected veteran, or any other classification protected by law. All employment requirements mandated by State and Federal regulations will be observed. Interviews are given on a competitive basis, using job-related factors, after a written application and resume have been received and reviewed. Because of the number of applications received, not everyone who applies for a vacant position will be interviewed. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.



EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Oregon Pacific Bank 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, **we invite 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 the 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, this data will not identify any specific individual. These survey forms will be kept in a separate file and are not part of your personnel file.

Male Female

- Hispanic or Latino
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaskan Native
- Two or more races

I do not wish to provide this information

***Name:** *(Please print)* _____

***Required**

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.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
- 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 select one of the options below:

Do you have a disability?

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.

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.

Voluntary Self-Identification as a Disabled Veteran

Why are you being asked to complete this form?

Because we do business with the government, we are 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. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - 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
 - A person who was discharged or released from active duty because of a service-connected disability
- A "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.
- An "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.
- An "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.

Identify as a protected veteran listed above.

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below. We request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.

I AM NOT A PROTECTED VETERAN.

I CHOOSE NOT TO REPLY

NAME: _____ DATE: _____

POSITION APPLIED FOR: _____ JOB # _____

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.