

Valliance Bank

Application for Employment

Valliance Bank is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, gender identity, sexual orientation, national origin, disability or handicap, or veteran status.

Please Print or Type

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Read and answer all questions completely. Feel free to attach your resume; however, all sections MUST be completed

Personal Data

Name (Last, First, Middle)		Social Security Number:
Address (Number & Street)	City, State, Zip Code:	Phone Numbers: Home: () Alternate: ()
Position(s) applied for (please be specific):	Monthly Salary Desired:	Do You Prefer: Full-Time Part-Time Temporary
How were you referred to us?	Name of agency, newspaper, employee, etc.	
Are you free to travel? yes no	Are you free to relocate? yes no	If yes, geographical preference(s):
Do you have the legal right to be employed in the United States? yes no		

If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.

Education

Name(s) used on school records (if different from above):

Schools	Name & Address of School	Dates Attended		Degree or Highest Grade Completed	Major
		From Month/Year	To Month/Year		
High School					
College(s)					
Graduate School					
Technical, Business or Other					

Now attending: (check one) Undergraduate School Graduate School % Completed

Special Qualifications

List any job-related organizations of which you are a member:

List software (name) you use regularly and your knowledge level (beginner, intermediate, advanced)

MS Windows _____	Other: _____
MS Excel _____	_____
MS Outlook _____	_____
MS Word _____	_____

What daily tasks do you use a computer for? _____

Professional or Personal Development courses: _____

Special Qualifications: (any additional strengths or skills that you feel would be an asset)

Employment History

Start with your current employer. Do not omit any employment period.

Attach an additional sheet if necessary.

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			
If still employed, may we contact your present employer? Yes No			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

References

Name:		Title:	
Company:			
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name:		Title:	
Company:			
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name:		Title:	
Company:			
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name:		Title:	
Company:			
Address (Number & Street):		City, State, Zip Code:	Phone Number:

Additional Personal Data

Are you able to perform the essential function of the job for which you have applied with or without or without reasonable accomodation?
If no, please explain.

Have you been convicted of a felony within the past five years?
(An affirmative response will not automatically disqualify you from being a candidate for employment.)
If yes, please explain.

If you are under 18, do you have a work permit?

Educational Release Authorization

NOTE: This Release Authorization must include all institutions which you have attended after high school.

I hereby authorize the following institutions to release to Valliance Bank verification of my attendance at:

School:	City,	State	Graduation Date (If applicable)
Degree/Major:	I attended under the name of:		
School:	City,	State	Graduation Date (If applicable)
Degree/Major:	I attended under the name of:		
Signature:	Date:		
Social Security Number:			

Acknowledgement Agreement

By signing or typing my name below, I hereby certify that all questions answered on the application as well as in any additional employment documents are true and correct. I authorize the Company to contact my former employer, references furnished, and all other sources they see fit. I am aware that the employer may now and from time to time seek information regarding an employees character, general reputation, and personal characteristics. I know that this information could include background investigations and credit reports.

I hereby release all parties concerned from any liability for damages on account of furnishing such information. I also understand that the completion of this form does not assure me a position with this Company and does not obligate them in any way. I also understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for immediate employment discharge. I further agree in the event of any violations of said Company policies, that you may terminate my employment from the Company, without any further liability.

I understand that if I am employed with the Company, such employment is for an unspecified term and may be terminated at-will by either party, with or without cause or notice. This aspect of employment cannot be changed absent an individual written employment contract signed by the employee and an Executive Vice President and/or President of the Company. I acknowledge the fact that this application for employment will be active for 30 days; after this time period, I must reapply for further consideration. I also understand that I must complete an application for each position I am applying for.

Date

Signature

For Human Resources Department Use Only

Office Location	Salary	Hire Date
Department	Position	Grade/Pay Points and Job Code
Supervisor	HR Representative	Work Telephone Number

**INVITATION FOR SELF-IDENTIFICATION
(AFFIRMATIVE ACTION SURVEY)**

It is the policy of (company name), Inc. to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, race, color, religion, national origin, disability, veteran, marital status, or any other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Employee file.

Government Agencies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and affirmative action only. This information is voluntary and will be treated confidentially. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Name(Printed): _____ Male _____ Female _____

Department: _____ Date: _____

Check one of the following:

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - White** (Not Hispanic or Latino). A person having origins in any of the original peoples of Europe, the Middle East, or North America.
 - African American or Black** (Not Hispanic or Latino). A person with origins in any of the Black racial groups of Africa.
 - Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino). A person with origins in the any of the people of Hawaii, Guam, Samoa, or other Pacific Islands..
 - Asian** (Not Hispanic or Latino). A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, China, Japan, Korea, the Philippines, Cambodia, Malaysia, Pakistan, Thailand and Vietnam.
 - American Indian/Alaskan Native** (Not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
 - Two or More Races** (Not Hispanic or Latino). All persons who identify with more than one of the above five races.
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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

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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.

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 of Veteran Status

Why are you being asked to complete this form?

1. 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. 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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. 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 pursuant to VEVRAA.

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

I AM NOT A PROTECTED VETERAN

I DON'T WISH TO ANSWER

3. 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.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Your Name

Today's Date

DISCLOSURE REGARDING CONSUMER REPORTS

Valliance Bank
1601 NW Expressway, Suite 100 Oklahoma City, OK 73118
405-286-5700

Valliance Bank Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with Valliance Bank (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, OK 74136
1-800-600-8999 | CustomerCare@Trak-1.com

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is accurate and complete information required in order for Valliance Bank to request Trak-1 to perform a background check on you and in the process obtain a complete consumer report about you:

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

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

Current Street Address: _____

City: _____ State: _____ Zip: _____

Prior Street Address 1: _____ Dates Resided Here: _____ to _____

City: _____ State: _____ Zip: _____

Prior Street Address 2: _____ Dates Resided Here: _____ to _____

City: _____ State: _____ Zip: _____

Prior Street Address 3: _____ Dates Resided Here: _____ to _____

City: _____ State: _____ Zip: _____

Current Email Address*: _____ Gender**: _____ Race**: _____

Social Security Number: _____ Date of Birth**: _____

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

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to Valliance Bank any records or information referenced in the provided disclosure statement for employment;
- 2) You authorize Valliance Bank 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 Valliance Bank and/or Trak-1 or any of either of their affiliated entities 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 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.

APPLICANT/CONSUMER Signature: _____ **Date:** _____

*Your email address will be provided to notify you when any adverse public record information is being reported.

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

NOTICE REGARDING BACKGROUND CHECKS
AUTHORIZED BY A MINNESOTA, OKLAHOMA, CALIFORNIA, MAINE APPLICANT/EMPLOYEE

- 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

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Valliance Bank (the "Company") intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you.

The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Trak-1, 7131 Riverside Parkway, Tulsa, Oklahoma 74136. The source of any credit report will be Trak-1, 7131 Riverside Parkway, Tulsa, Oklahoma 74136. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.