



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION

This application has been reviewed by the Washington State Human Rights Commission for compliance with state laws.

This Application is valid for 6 months unless renewed in writing by the applicant

Instructions: Please write or print plainly. Read each question carefully and answer to the best of your ability.

<u>NAME:</u>			<u>SOCIAL SECURITY NUMBER</u>	
Last	First	Middle Initial		
<u>PRESENT ADDRESS:</u>			<u>How Long?</u>	
Street	City	State, Zip		
<u>PREVIOUS ADDRESS:</u>			<u>How Long?</u>	
Street	City	State, Zip		
<u>Home Phone</u>	<u>Business Phone</u>	<u>Other Names Known By:</u>	<u>Are you at least 18 years of age:</u>	
			Yes _____ No _____	

* Have you ever been convicted of a felony or any other criminal offense involving dishonesty or a breach of trust? Yes No

* If answer to this question is yes, please explain on separate sheet of paper.

Note: The deposits of this institution are insured by the Federal Deposit Insurance Corporation ("FDIC"), in accordance with its rules and regulations. This institution may, as permitted by law, submit your fingerprints to the Federal Bureau of Investigation ("FBI") and receive an FBI report to enable this institution to comply with Title 12 of the United States Code, Section 1829. This section provides that, without the prior consent of the FDIC, no person may serve or continue to serve as an officer or employee of such an institution who was or is convicted of any criminal offense involving dishonesty or a breach of trust, or who has agreed to enter into a pretrial diversion or similar program in connection with prosecution of such an offense. For each knowing violation of this prohibition, the institution and the person involved may each be subject to penalties up to \$1,000,000 for each day that the prohibition is violated and the person involved may also be subject to imprisonment up to five years.

<u>Who referred you to us?</u>	<u>(Optional) Do you have a salary requirement of which we should be aware?</u>
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What Position(s) are you applying for?

Are you interested in Full-Time _____? Part-Time _____? Date you could start work: _____

Days available: _____; available weekends: _____; evenings: _____; hours available: _____

A reasonable attempt will be made to accommodate employees who require certain hours or days off because of their religious beliefs or practices

Briefly tell us why you think you would be a qualified applicant for the job desired?

Are you a former employee? Yes No If Yes, date of former employment: _____

List any relatives in our employ: _____ (We seek this information for internal accounting safeguards.)

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? (In answering this question, please refer to the job description for the position for which you are applying. If none was provided, please skip this question.) Yes No

Do you have the legal right to work in the United States? Yes No

If hired, documented proof of citizenship or legal right to work in the U.S. will be required within the first three days of employment.

EMPLOYMENT APPLICATION

WORK HISTORY

List most recent employer first. Include military service and periods of unemployment.

<u>COMPANY</u>	<u>SUPERVISOR</u> Name/Title	<u>MAY WE CONTACT:</u> ____ YES ____ NO
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<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
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<u>LENGTH OF EMPLOYMENT</u> From _____ To _____	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, how many? _____
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DESCRIPTION OF RESPONSIBILITIES:

<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY.</u>	<u>LAST SALARY</u>
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<u>COMPANY</u>	<u>SUPERVISOR</u> Name/Title	<u>MAY WE CONTACT:</u> ____ YES ____ NO
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<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
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<u>LENGTH OF EMPLOYMENT</u> From _____ To _____	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, how many? _____
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DESCRIPTION OF RESPONSIBILITIES:

<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY.</u>	<u>LAST SALARY</u>
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<u>COMPANY</u>	<u>SUPERVISOR</u> Name/Title	<u>MAY WE CONTACT:</u> ____ YES ____ NO
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<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
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<u>LENGTH OF EMPLOYMENT</u> From _____ To _____	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, how many? _____
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DESCRIPTION OF RESPONSIBILITIES:

<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY.</u>	<u>LAST SALARY</u>
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EMPLOYMENT APPLICATION

WORK HISTORY (Continued)

List most recent employer first. Include military service and periods of unemployment.

<u>COMPANY</u>	<u>SUPERVISOR</u> <u>Name/Title</u>	<u>MAY WE CONTACT:</u> ____ YES ____ NO
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u>	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, how many? _____
<u>From</u> <u>To</u>		
<u>DESCRIPTION OF RESPONSIBILITIES:</u>		

<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY.</u>	<u>LAST SALARY</u>
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<u>COMPANY</u>	<u>SUPERVISOR</u> <u>Name/Title</u>	<u>MAY WE CONTACT:</u> ____ YES ____ NO
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u>	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, how many? _____
<u>From</u> <u>To</u>		
<u>DESCRIPTION OF RESPONSIBILITIES:</u>		

<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY.</u>	<u>LAST SALARY</u>
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APPLICANTS: Please read carefully before signing:

I certify that the information on this application is true and correct; I understand that a thorough investigation of my work history will be made and all information I have provided on this application may be verified. I authorize such investigation and the giving and receiving of any information requested and I release from liability any person giving or receiving such information. I understand that falsification or misleading information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.

I understand that Federal law authorizes federally-chartered or federally-insured financial institutions to submit fingerprints of persons applying for employment for purposes of obtaining information from the records of the Federal Bureau of Investigation.

In the event I am employed, I understand that customers' names and transactions are to be held in strict confidence, and I agree that I will not, during or after my term of employment, disclose any of the institution's trade secrets or confidential information.

I understand that pre-employment and employment credit checks may be conducted. If any adverse action is required based in whole or in part on the report, I understand that I will be provided with the name, address and telephone number of the consumer reporting agency providing the report and a reasonable opportunity to respond to any information in the report that I dispute.

I understand this application is not a contract of employment and that in the event I am employed, I may with or without notice, at any time voluntarily terminate my employment. I further understand that I may be terminated by the employer at any time, for any or no reason, with or without notice. Any verbal statements or promises by the employer or its agents to the contrary are hereby expressly disavowed and may not be relied upon by any employee.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

**Gilson & Associates, Inc., dba
 Employee Tenant Screening Services
 P.O. Box 783
 Liberty Lake, WA 99019-0783
 (509) 255-3444 Fax (509) 255-3666**

Release & Authorization for Background Investigation

I hereby voluntarily authorize Gilson & Associates, Inc., d.b.a. Employee Tenant Screening Services and Requestor Co., to make inquiries, either by written communication, telephone, in person, or other electronic means to any former employer, creditor, credit bureau, federal, state or local government agency, educational institution, hospital, law enforcement agency, military establishment or school. National Personnel Center, informant or any other person, present or former co-worker or employee knowledgeable of my background as to my prior criminal history, work experience, workers compensation claims, nature of duties, work hours, wages, performance levels, health, reliability, responsibility, honesty and/or any other employment related activity.

In consideration for your furnishing such information, I specifically waive any confidential relationship of privacy, which may exist between me and this firm or Requestor Co. I completely release this firm and Requestor Co. from any and all responsibility or liability, which may occur as a result of this disclosure of such information.

This authorization is valid for two (2) years from the date signed if not hired by Requestor Co. and/or the duration of my employment with Requestor Co. A photographic, faxed, or other electronically transmitted facsimile of this release bearing my signature shall be as legally valid as the original.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer-reporting agency. I will be so advised and be given the name of the agency or source of information.

Requestor Company: RIVERVIEW COMMUNITY BANK			Client #FN-018	
FULL NAME:				
Last:	First:	Middle:	Jr./Sr.	
Also known as:	Date of Birth:	SSN:		
	____ / ____ / ____	____ - ____ - ____		
Driver's Lic #:	Expiration Date:	State Issued:		
	____ / ____ / ____			
Current address:				
Street				
City:	State:	Zip	To/From:	
Previous address:				
Street				
City:	State:	Zip	To/From:	
Previous address:				
Street				
City:	State:	Zip	To/From:	
Applicant signature:			Date:	
			____ / ____ / ____	

Optional information for Government Monitoring and Reporting Purposes only

Regulations of the Washington State Human Rights Commission impose restrictions on the handling of optional ethnic data for governmental monitoring purposes. WAC 162-12-160, (2) provides in part: Data on race, creed, color, national origin, sex, or marital status shall not be recorded on any paper which is kept in the applicant's personnel file, nor shall such data be kept in any other place where it is available to those who process the application. Records that identify the race, etc, of a particular person shall be kept confidential, except to the extent necessary to permit the compilation of statistics, and to permit verification of the statistics by top management of the employer, or by the Washington State Human Rights Commission or other concerned governmental agencies. WAC 162-12-170 provides, in part, that a form asking for ethnic data must clearly inform the applicant of the reasons asking for this information. This employer is considered a Government Contractor, subject to E.O. 11246, as amended, Section 503 of the Rehabilitation Act of 1973, and 38 USC 2012, the Viet-Nam Era Veterans Readjustment Assistance Act of 1974. To meet government reporting regulations, applicants are requested to complete this data sheet. This information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential and will be kept in a separate file. Your voluntary cooperation will be appreciated. You are under no obligation to complete this form. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Dear Prospective Employee:

This institution is an Equal Opportunity Employer. We ask your cooperation with our Affirmative Action Program. We are required by federal law to maintain statistics on the ethnic background, veteran status, sex, and disabilities of applicants for employment. We would appreciate your cooperation by voluntarily providing this information. Please be specific.

As stated in the above excerpt, you are under no obligation to complete this Affirmative Action section. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Position Applied For: _____ Referral Source: _____

Name: _____ Male: _____ Female: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Date: _____

Ethnic Background: (Please Check One)

_____ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, 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 Africa.

_____ **Black or African American (not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

_____ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian Or Alaskan Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (not Hispanic or Latino):** All persons who identify with more than one of the above five races.

If you are a disabled individual, a disabled veteran, or a Vietnam era veteran and would like to be considered under our affirmative action program, please provide the following information.

_____ **Qualified Disabled Individual:** 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

_____ **Qualified Disabled Veteran:** 1) a person entitled to disability compensation under laws administered by the Veteran Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

_____ **Vietnam Veteran:** A person who 1) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was released with other than a dishonorable discharge, or 2) was released from such active duty for a service-connected disability.

What special skills or methods enable you to perform jobs that would otherwise be excluded by your disability? What accommodations on the part of the employer would enable you to perform the job? (Use reverse side if additional space is required.)