

NODAWAY VALLEY BANK

APPLICATION FOR EMPLOYMENT

Nodaway Valley Bank is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, age, sexual orientation, gender identity, status as a protected veteran, among other things, or status as a qualified individual with disability or any other legally protected status.

(PLEASE PRINT)

Last Name _____ Legal First Name _____ Middle Name _____

Preferred First Name _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____

Email Address: _____

Position Applied For	Town Applying to Work In (Circle ONLY One)	Salary Requirement	Date of Application
_____	St. Joseph – Maryville – Savannah – Mound City _____	_____	_____

Referred By _____ If related to anyone in our employ state name _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No

Are you currently employed? ___ Yes ___ No May we contact your present employer? ___ Yes ___ No

Can you provide proof of eligibility to work in the United States? ___ Yes ___ No

When would you be available to begin work? _____

Type of employment desired: ___ Full Time ___ Part Time

Please enter the hours you are available to work:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Do you have banking experience? ___ Yes ___ No Name of Bank(s) _____

Please check areas of previous **financial institution experience**: ___ Lending ___ Lending Operations
___ Deposit Operations ___ Teller ___ New Accounts ___ IRA/CDs ___ Investments ___ Audit

What foreign languages do you speak fluently? _____

SPECIAL SKILLS

Calculator _____ Proficient _____ Fair

Teller Software Previously Used: _____

Proficient in: Microsoft Word _____ Excel _____ Outlook _____ Access _____

Securities Licenses: Series 6 _____ Series 7 _____ Series 63 _____ Series 65/66 _____

Please list any additional skills and qualifications acquired from employment or other experiences that you may feel qualify you for work with Nodaway Valley Bank.

EDUCATIONAL BACKGROUND

Name and Address of School _____ Graduated? _____
High School: _____ Yes ___ No

GED: _____ Yes ___ No

Name and address of School _____ Graduated _____ Degree/Major Study _____
College(s) _____ Yes ___ No _____
_____ Yes ___ No _____

Are you Currently Attending Classes? _____ Yes ___ No

Business/
VoTech School _____ Yes ___ No _____

REFERENCES (Do not use past or present employers or relatives)

1. _____
(Name) (Mailing Address) (Phone Number)
How you know this person _____

2. _____
(Name) (Mailing Address) (Phone Number)
How you know this person _____

3. _____
(Name) (Mailing Address) (Phone Number)
How you know this person _____

EMPLOYMENT EXPERIENCE (Begin with most current and include the past 10 years)

Employer	Dates Employed / From - To	
Address	City, State	Telephone Number
Job Title	Supervisor's Name	

Brief Description of Duties

Describe briefly what you liked or disliked about the job

Rate of Pay: _____ Reason for Leaving /seeking other employment: _____
Starting Final (or current)

Employer	Dates Employed / From - To	
Address	City, State	Telephone Number
Job Title	Supervisor's Name	

Brief Description of Duties

Describe briefly what you liked or disliked about the job

Rate of Pay: _____ Reason for Leaving/seeking other employment: _____
Starting Final (or current)

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Brief Description of Duties

Describe briefly what you liked or disliked about the job

Rate of Pay: _____ Reason for Leaving/seeking other employment: _____
Starting Final (or current)

PLEASE READ CAREFULLY

All Nodaway Valley Bank Employees must be bonded. Also, federal law prohibits employment of anyone who has been convicted of most crimes involving dishonesty, breach of trust, money laundering, or the illegal manufacture, sale, distribution of or trafficking in controlled substances or who has avoided such a conviction by participating in a pre-trial diversion or similar program.

Employment with Nodaway Valley Bank is contingent upon a satisfactory background check that will reveal any criminal record and meets our obligations as an FDIC insured institution. Additionally, Nodaway Valley Bank may, at its discretion, terminate or choose not to employ individuals who have been convicted of other crimes as revealed by the background check or who are convicted of crimes after employment.

Failure to truthfully answer these questions is a dishonest act that would make an employee unbondable and result in termination of employment if discovered after being hired by Nodaway Valley Bank.

You should discuss any questions or concerns you may have with a representative of Human Resources prior to completing this application.

In answering these questions, **you do not need to disclose** information for convictions or records that have been **expunged, sealed or impounded** by the court of original jurisdiction:

- 1) Have you ever been **convicted** of a crime of **dishonesty, breach of trust, money laundering** or the illegal **manufacture, sale, distribution of or trafficking** in controlled substances (whether a felony or a misdemeanor)?

_____ Yes _____ No If you answered yes, please provide details including the nature of the conviction(s) and date(s): _____

- 2) Have you ever entered a **pretrial diversion** (or similar programs such as or **suspended imposition of sentence or suspended imposition of judgment**) in connection with a crime of **dishonesty, breach of trust, money laundering** or the illegal **manufacture, sale, distribution of or trafficking** in controlled substances (whether a felony or misdemeanor)?

_____ Yes _____ No If you answered yes, please provide details including the nature of the conviction(s) and date(s): _____

- 3) **Have you ever been convicted of or entered a pretrial diversion** (or similar programs such as **suspended imposition of sentence or suspended imposition of judgment**) for any other offense, whether a felony or misdemeanor? (You may exclude minor moving violations.)

_____ Yes _____ No If you answered yes, please provide details including the nature of the conviction(s) and date(s): _____

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing same to you. I understand the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of Nodaway Valley Bank. I understand this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.”

Date _____ Signature _____

NODAWAY VALLEY BANK
APPLICANT INFORMATION

Please Print

Name: _____ Date _____

Position Applied For: _____

Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, disability, veteran status or other non-job related factors. To help us comply with Federal and State equal employment opportunity record keeping, reporting and other legal requirements, please answer the questions below. **Your submission of this information is strictly voluntary.** This form will be kept in a separate file from your application for employment and will in no way be used during the employment process.

Are you: Male Female

Are you: American Indian or Alaskan Native Asian Black or African American
 Caucasian Hispanic/Latino Native Hawaiian or other Pacific Islander
 Two or more races

How were you referred to Nodaway Valley Bank? Please name specific source.

Self
 NVB Employee _____
 Newspaper Ad _____
 Job Service _____
 School _____
 Other _____

EXHIBIT 7

Nodaway Valley Bank 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:

- (1) A "disabled veteran" is one of the following:
 - a. A veteran of the U.S. military, ground, naval or air force 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
 - b. A person who was discharged or released from active duty because of a service-connected disability.
- (2) 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.
- (3) 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.
- (4) 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.

If you believe you are a member of 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 to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information 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.

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

I AM NOT A PROTECTED VETERAN

DATE

Signature

Print Name

Voluntary Self-Identification of Disability

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