



San Luis Valley Federal Bank

EMPLOYMENT APPLICATION INSTRUCTIONS

- All questions on pages 1-4 must be answered. If a question does not apply to you, please indicate NA. Page 5 is voluntary.
- Only one specific job title may be listed for Position Sought. If more than one position is being applied for, a separate application must be completed. You may bring the application in to the bank and we can make copies for you to apply for more than one position.
- Applications must be hand delivered or mailed to the bank. We will not accept electronic applications.
- Incomplete applications cannot be considered for employment.
- Prior to employment with San Luis Valley Federal Bank, the bank will require the following:
 - Credit Report
 - Background Screening
 - Drug Screening

401 Edison Ave. • P. O. Box 780
Alamosa, CO 81101-0780
Phone: (719) 589-6653

330 Solar Ave. • P. O. Box 248
Monte Vista, CO 81144-0248
Phone: (719) 852-5991

3415 Mariposa • P. O. Box 780
Alamosa, CO 81101-0780
Phone: (719) 587-4035

www.slvfed.com

SAN LUIS VALLEY FEDERAL BANK

401 Edison Ave.
Alamosa, CO 81101
Phone: (719) 589-6653 Fax: (719) 589-1737

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION, GENDER IDENTITY, VETERAN OR 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 A MEMBER OF THE SENIOR MANAGEMENT TEAM.

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.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, PAGES 1-4 OF THIS APPLICATION MUST BE COMPLETED IN FULL. PAGE 5 IS VOLUNTARY. 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	◆ Mr.	◆ Mrs.	◆ Ms.	◆ Miss		
Name Most Often Called (Nickname)			Phone		E-Mail			
Are you eligible to work in the United States? Yes No NOTE: New employees will be required to substantiate residency status in compliance with the Immigration Reform and Control Act of 1986.								
Present Address: Street/PO Box		City	State	Zip	From	To		
Prior Address: Street/PO Box		City	State	Zip				
Prior Address: Street/PO Box		City	State	Zip				
Position Desired?		How soon could you report to work?				Salary expected:		
◆ Full-Time ◆ Part-Time ◆ Temporary		Could you travel if required? ◆ Yes ◆ No				\$ _____ per _____		

Have you ever worked for the Bank ◆ Yes ◆ No

If yes, where and when:

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

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

SHOW PRESENT AND PAST EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT:

Dates Month/ Year	Employment	Type of Business	Position/ Supervisor	Reason for Leaving
			Telephone Number	
From	Co. Name			
To	Address			
From	Co. Name			
To	Address			
From	Co. Name			
To	Address			
From	Co. Name			
To	Address			

May we contact your present employer? Yes _____ No _____

May we contact past employers? Yes _____ No _____

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		◆ Yes ◆ 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? ◆ Yes ◆ No	Why do you desire to make a change?
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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? ◆ Yes ◆ No	If so, what branch or branches?	Rank at time of discharge
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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	◆ Yes ◆ No			
COLLEGE	1 2 3 4	◆ Yes ◆ No			
GRADUATE	1 2 3 4	◆ Yes ◆ No			
OTHER (Extension, night, business)		◆ Yes ◆ No			

Do you plan to continue your education? ◆ Yes ◆ No	If so, at present do you have any outstanding applications for admission to any school? ◆ Yes ◆ No	If yes, where?
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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.

◆ Bookkeeping ◆ Typing (Speed) _____ wpm ◆ Accounting ◆ Shorthand (Speed) _____ wpm ◆
 Adding Machine ◆ Tabulating Equipment
 ◆ Dictating Equipment ◆ Computer Systems/Software - List: _____
 ◆ 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 a pre-employment drug screen and, when requested by the Bank, a criminal, credit, and/or driving 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. This authorization is effective for this and any future background investigations deemed necessary by the Bank during the tenure of my employment.
- (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: _____

**SAN LUIS VALLEY FEDERAL BANK IS AN EQUAL OPPORTUNITY EMPLOYER, INCLUDING
CONSIDERING INDIVIDUALS WITH DISABILITIES AND VETERANS.**

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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. 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 _____

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.

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.

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.

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

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 a Protected Veteran

Yes

No

Definitions – Protected Veteran is one of the following:

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 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.
4. 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A replica of that list is enclosed with the annual VETS-100A mailing. A copy of the list also may be obtained by sending an email to helpdesk@vets100.com or by calling (301) 306-6752 and requesting that a copy be mailed to you.

Employers Holding Federal Contracts or Subcontracts	Private Employment, State and Local Governments, Educational Institutions	Programs or Activities Receiving Federal Financial Assistance
<p>Applicants to and employees of companies with a Federal government contract or subcontract are protected under the following Federal authorities:</p> <p>RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.</p> <p>INDIVIDUALS WITH DISABILITIES Section 503 of the Rehabilitation Act of 1973, as amended, prohibits job discrimination because of a disability and requires affirmative action to employ and advance in employment qualified individuals with disabilities who, with reasonable accommodation, can perform the essential functions of a job.</p> <p>VIETNAM ERA AND SPECIAL DISABLED VETERANS 38 U.S.C. 4212 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 prohibits job discrimination and requires affirmative action to employ and advance in employment qualified Vietnam era veterans and qualified special disabled veterans.</p> <p>Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately: The Office of Federal Contract Compliance Programs (OFCCP), Employment Standards Administration, U.S. Department of Labor (DOL), 200 Constitution Avenue, N.W., Washington, DC 20210 or call (202) 219-9368 (DOL's toll-free TDD number for individuals with hearing impairments is (800) 326-2577), or an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.</p>	<p>Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under the following Federal laws:</p> <p>RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex or national origin.</p> <p>DISABILITY The Americans with Disabilities Act of 1990, as amended, protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral, and other aspects of employment on the basis of disability. The law also requires that covered entities provide qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship.</p> <p>AGE The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination on the basis of age in hiring, promotion, discharge, compensation, terms, conditions or privileges of employment.</p> <p>SEX (WAGES) In addition to sex discrimination prohibited by Title VII of the Civil Rights Act (see above), the Equal Pay Act of 1963, as amended, prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment.</p> <p>Retaliation against a person who files a charge of discrimination, participates in an investigation, or opposes an unlawful employment practice is prohibited by all of these Federal laws.</p> <p>If you believe that you have been discriminated against under any of the above laws, you immediately should contact:</p> <p>The U.S. Equal Employment Opportunity Commission (EEOC), 1801 L Street, N.W., Washington, DC 20507 or an EEOC field office by calling toll free (800) 669-4000. For individuals with hearing impairments, EEOC's toll free TDD number is (800) 800-3302.</p>	<p>RACE, COLOR, NATIONAL ORIGIN, SEX In addition to the protection of Title VII of the Civil Rights Act of 1964, Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal assistance.</p> <p>INDIVIDUALS WITH DISABILITIES Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of a disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with reasonable accommodation, can perform the essential functions of a job.</p> <p>If you believe you have been discriminated against in a program of any institution which receives Federal assistance, you should contact immediately the Federal agency providing such assistance.</p>