



# 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. Pages 5-7 are 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](http://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	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> 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:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____ per _____	

Have you ever worked for the Bank <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
If yes, where, and when:
Are you related to any employee of the Bank <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
If yes, give that employee's name, your relationship, and their department:
<b>SHOW PRESENT AND PAST EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT:</b>

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			

<b>May we contact your present employer?</b> Yes _____    No _____
<b>May we contact past employers?</b> Yes _____    No _____

<b>EXPLAIN ALL UNEMPLOYMENT INTERVALS EXCEEDING FOUR WEEKS</b>				
From	State your activities during this period	Can someone verify your activities during this period? Please list name and current telephone number.		
To		<input type="checkbox"/> Yes <input type="checkbox"/> No   Name: _____ Telephone Number: _____		
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," explain: _____				
Does your present employer know of your plans to change employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why do you desire to make a change?		
<b>GIVE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS</b>				
NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN
Have you ever served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what branch or branches?		Rank at time of discharge	
<b>LIST ALL SCHOOLING</b>				
NAME AND LOCATION	Name	Location	Diploma or Degree	Major & Minor Studies
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER (Extension, night, business)				
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.				
<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Typing (Speed) _____ wpm <input type="checkbox"/> Accounting <input type="checkbox"/> Shorthand (Speed) _____ <input type="checkbox"/> Adding Machine <input type="checkbox"/> Tabulating Equipment <input type="checkbox"/> Dictating Equipment <input type="checkbox"/> Computer Systems/Software - List: _____ <input type="checkbox"/> 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  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want 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:

## APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, gender, national origin, age, protected veteran status, disability, sexual orientation, gender identity, or any other legally protected status.

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

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.

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

### 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.

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](mailto:helpdesk@vets100.com) or by calling (301) 306-6752 and requesting that a copy be mailed to you.