



APPLICATION FOR EMPLOYMENT

Date of Application: _____

AVB offers equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, physical or mental disability, or any other legally protected status. No question on this application is intended to secure information to be used for discriminatory reasons. This application will be considered an active application until the position applied for has been closed.

Name: _____
Address: _____
City: _____
Zip: _____

CONTACT INFORMATION:
Phone: _____
Email: _____

Are you over the age of 18? Yes No
Do you have the legal right to work in the United States? Yes No

Position Applying For: *

Salary Requirement: \$ _____ Hourly Monthly Annual
Do you wish to work: Full Time or Part Time Hours
Date available for work: _____
Are you currently employed? Yes No
Why do you wish to change jobs? _____
*(Applications accepted for open positions only)
*This application is valid for one position only
May we contact your current employer? Yes No
If not, explain: _____
Have you ever filed an application for employment with us or worked here before? Yes No
If yes was it under a different name? _____

Have you ever been bonded? Yes No
Have you ever had a bond refused or cancelled? Yes No
If yes, please explain: _____
Have you ever been convicted or pled guilty or "no contest" to a felony? (Conviction of a felony may not automatically disqualify an applicant for employment.) Yes No
Nature of offense: _____
Court date: _____ Location: _____
Have you ever been discharged from any employment or asked to resign? Yes No
If yes, explain: _____

How did you learn about AVB?

Advertisement: _____ Friend Walk-in Current Employee
Other: _____ OkJobMatch.com Tulsaworldjobs.com

Hours Available: (list your days and hours of availability)
Monday Tuesday Wednesday Thursday Friday Saturday
From _____
To _____

NOTE: Work schedules are based on the needs of the business and may be subject to change.

Employment History

Begin with your MOST RECENT employment and continue with all past employment, attaching a second sheet if necessary. List and explain any gaps in your employment history.

Name of Employer: _____
Address: (including city, state and zip) _____
Telephone Number: _____ Position: _____
Supervisor Name: _____ Dates Employed: _____ to _____
Responsibilities: _____
Reason for leaving: _____
Beginning Pay: \$ _____ Final Pay: \$ _____

Name of Employer: _____
Address: (including city, state and zip) _____
Telephone Number: _____ Position: _____
Supervisor Name: _____ Dates Employed: _____ to _____
Responsibilities: _____
Reason for leaving: _____
Beginning Pay: \$ _____ Final Pay: \$ _____

Name of Employer: _____
Address: (including city, state and zip) _____
Telephone Number: _____ Position: _____
Supervisor Name: _____ Dates Employed: _____ to _____
Responsibilities: _____
Reason for leaving: _____
Beginning Pay: \$ _____ Final Pay: \$ _____

References: References should include one or more past supervisors / managers.

Name and Address Occupation Telephone Number (s)

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List Special Skills, Training, Seminars, Certificates, Licenses, Experience, Calculator, Data Entry, Microsoft Office or other Software Skills, Competencies, or other qualifications that you believe should be considered in evaluating your qualifications for employment. Include the level of competency.

EDUCATION	Name of school	Course of Study	# of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				
Other				

NOTIFICATION AND AGREEMENT
(Please read before signing)

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to the Human Resources Department before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize you to communicate with persons listed as references, former employers, and any other with whom you desire to check if I am being considered for employment or, if hired, as an employee. I agree to release such persons from any liability or damages with respect to any information they may give about me.

I consent to such investigations as AVB may make regarding driving records, law enforcement records, credit reports and my general background and will agree to be fingerprinted, if necessary.

I understand that all applicable portions of this application must be completed, or I will be ineligible for consideration for the position for which I am applying.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on AVB.

If employed, I agree to hold in strictest confidence any information learned, concerning AVB, it's Insureds, it's customers and its Agents.

In consideration of my employment, if I am employed, I agree to conform to the employment policies and rules of AVB and understand that the policies and rules are not a condition of employment and that they may be unilaterally revised, in whole or in part, at any time. I also understand that my employment and compensation can be terminated, with or without cause at any time, with or without notice at any time, at the option of either AVB or myself. I understand that no representative of the Company, other than the Chief Executive Officer, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that any misrepresentation, deception, or false statements of any kind or omissions of facts called for on this application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, will be grounds for immediate termination.

I understand that AVB and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I understand that if an employment relationship is established, I have the right to terminate my employment at any time and that AVB retains the same right.

DO NOT SIGN THIS UNLESS YOU HAVE READ THE ENTIRE DOCUMENT.

Printed Signature of Applicant: _____

Signature of Applicant: _____

Date: _____

TO BE COMPLETED BY THE EMPLOYER:

Date of Employment _____ Job Title _____ Job Class _____

EE01 Code _____ Department _____ Location _____

Employee Type _____ Monthly Salary \$ _____ Hourly Rate \$ _____

Full Time Part Time Number of Part-Time Hours Weekly: _____

DISCLOSURE AND CONSENT TO OBTAIN CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

I, _____, understand that in connection with my application for employment and/or at any time during my employment with AVB, AVB may request and obtain for employment purposes a consumer report and/or an investigative consumer report from a consumer reporting agency.

I understand that the report(s) may contain information concerning my social security number, motor vehicle operation history, criminal history, my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers, and other information to the extent permitted by law from various local, state, and federal agencies, private and insurance sources, and other available public records.

I understand that a consumer report and/or investigative consumer report may be obtained by AVB for employment purposes, as defined under the Fair Credit Reporting Act, or as defined under comparable state law. Specifically, this information may be requested for purposes of employment, including, but not limited to, initial employment, promotion, reassignment, or retention as an employee.

I understand that investigative consumer reports involve personal interviews with sources such as neighbors, friends, or associates. As to investigative consumer reports, I understand I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Credit Reporting Act.

I understand that I have a right to receive a copy of my Background Check and Credit Report and that I may obtain copies of any report furnished to AVB and request the nature and substance of all information and it's files on me at the time of my request.

I voluntarily and knowingly authorize and request any present or former employer, school, law enforcement or other local, state or federal agency, financial institution or other entity or persons having knowledge about me, to furnish to any consumer reporting agency utilized by AVB, with any and all information and records about me (with the exception of medical information and records) in their possession for the purpose of preparing a consumer report and/or an investigative consumer report.

My signature below authorizes the procurement of consumer reports and/or investigative consumer reports by AVB prior to and/or during my employment at AVB.

I would like a copy of my Credit Report requested and obtained by AVB at no charge to me.

I would like a copy of my Background Check requested and obtained by AVB at no charge to me.

Please Print Last Name: _____ First: _____ Middle: _____

Please Print Maiden Name: _____ Other Name(s) used: _____

Current Address: _____

Past Addresses: _____

Social Security #: _____

The above information is required by law enforcement agencies and other entities for identification matching when checking records. It is strictly confidential and is used only for that purpose.

Date: _____ Signature: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

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

APPLICANT'S CONSENT TO DRUG/ALCOHOL TESTING

I understand it is the policy of the company/organization to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment with the company/organization is the satisfactory passing of the company's/organization's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be employed by the company/organization.

If I am accepted for employment, I agree to take drug and/or alcohol tests randomly and whenever requested by the company/organization, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to the company/organization and other officially written requests from interested parties, a copy of the results of my tests.

At this time I consent to a drug and/or alcohol test.

(Signature of applicant)

(Date signed)

(Printed name of applicant)

(Signature of witness)

**VOLUNTARY Pre-Employment
VETERAN TRACKING INFORMATION FORM**

As a Government contractor, AVB Bank is subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974 (VEVRAA) which requires Government contracts 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 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. Recently Separated Veterans 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. Armed Forces Service Medal Veteran means a veteran who served 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>.
4. Active Duty Wartime or Campaign Badge Veteran means a veteran who, while serving 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 this list is enclosed with the annual VETS-100A mailing. A copy of this list may also 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.

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 classification of veterans listed above.

I am not a protected Veteran.

Applicant Signature

Date



APPLICANT DATA RECORD

COMPLETION OF THIS DOCUMENT IS VOLUNTARY

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. We comply with all 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

Position Applied For: _____

Name: (First, Last, Middle) _____

Phone: _____ Date: _____

Address: _____
Number/Street City State Zip Code

Referral Source

- | | | |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Walk In | <input type="checkbox"/> 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:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more Races |
| <input type="checkbox"/> Native American Indian/Alaskan Native | <input type="checkbox"/> Other |