



# EMPLOYMENT APPLICATION

Rio Bank is an Equal Opportunity Employer

Rio Bank provides equal employment opportunity to all qualified persons without regard to race, religion, color, sex, national origin, age, disability, genetic information, veteran status or other legally protected status. This application will be given every consideration, but its receipt does not imply that there are any open positions and does not obligate this company in any way.

**Answer all questions fully and accurately. If questions are not applicable, enter "NA".  
Incomplete information could disqualify you from further consideration.**

EMPLOYMENT DESIRED:	
Position(s) Applied For:	Application Date:
Type of Work Seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Rate of Pay Desired: \$ _____ (per <input type="checkbox"/> Hour <input type="checkbox"/> Month)
PERSONAL INFORMATION:	
Name: (First, Middle, Last)	Preferred Name:
Address:	City/State/Zip:
Phone:	E-mail Address:
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (If you are unsure of the essential functions, please ask to review a job description.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
REFERRAL SOURCE:	
How did you hear about us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other _____	
Do you know anyone who works for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and length of time known for each:	
Do you have any relatives currently working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and relationship for each:	
BACKGROUND:	
Have you worked for this company previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date(s) and position(s).	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been terminated or been asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.	
Have you ever been convicted of, pleaded guilty or "no contest", or been the subject of a deferred adjudication for a felony criminal offense? If yes, please provide further information including offense, date, location (city/state) and disposition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Answering Yes does not automatically bar you from employment. Factors such as date of the offense, seriousness and nature of the violation, and position applied for will be taken into consideration.	

# EMPLOYMENT HISTORY

Include your last three positions (or your last ten (10) years of employment history if applicable) starting with the most recent and working backwards in time. Use additional paper if necessary. (Incomplete information could disqualify you from further consideration.)

**Résumé does not substitute for the following information**

<b>Current or Most Recent Employer:</b>		
Company Name:	Nature of Business:	
Location (City/State):	Employed From:	Employed To:
Job Title:	Starting Salary:	Ending Salary:
Supervisor Name:	Title:	Email or Phone:
Description of Job Duties:		
Reason for Leaving:		
<b>Second Most Recent Employer:</b>		
Company Name:	Nature of Business:	
Location (City/State):	Employed From:	Employed To:
Job Title:	Starting Salary:	Ending Salary:
Supervisor Name:	Title:	Email or Phone:
Description of Job Duties:		
Reason for Leaving:		
<b>Third Most Recent Employer:</b>		
Company Name:	Nature of Business:	
Location (City/State):	Employed From:	Employed To:
Job Title:	Starting Salary:	Ending Salary:
Supervisor Name:	Title:	Email or Phone:
Description of Job Duties:		
Reason for Leaving:		

**Explain any gaps in employment of one month or more other than those due to personal illness, injury or disability.**

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EDUCATION	Name of School	Location	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
High School						
College						
Graduate School						
Trade School or Other						

**LICENSE/CERTIFICATION** - List any license(s) and/or certification(s) you possess that are relevant to the position for which you have applied.

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**Computer Skills**

*Using the following key, describe your level of proficiency with the software listed below. List additional software that is relevant to the position of interest.*

**(1) No Experience/Knowledge;** **(2) Basic** - I can perform basic functions without assistance, **(3) Intermediate** - I can perform some advanced functions without assistance; **(4) Advanced** - I can perform advanced functions easily; **(5) Expert** - I am highly knowledgeable and can teach others.

Microsoft Word		Other: _____	
Microsoft Excel		Other: _____	
Microsoft PowerPoint		Other: _____	

**SKILLS, STRENGTHS & INTERESTS** - Use the space below to describe your interest in Rio Bank and the skills, strengths and/or training you possess that would qualify you for the position for which you are applying.

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**PROFESSIONAL REFERENCES:**

Provide names/addresses/phone numbers of three professional references, not related to you, whom you have known at least two (2) years.

Name	Title	Relationship to You	Telephone	Email	Years Known

# Acknowledgement

Please Read Carefully Before Signing

I hereby certify that all the information provided on my application to Rio Bank (company) is true and accurate to the best of my knowledge. I understand that any misrepresentation, falsification or omission of a material fact on my application may be grounds for refusal to hire or, if hired, termination of employment.

I authorize the investigation of any and all statements contained in this application, my résumé, or provided by me during any part of the employment process. I also authorize any person, school, current employer, past employers and organizations to provide relevant information and opinions regarding my background to this company (or any of its authorized employees, agents or representatives) that may be useful in making a hiring decision. I release such persons and organizations from any and all liability which may result in furnishing such information.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. I understand that if employment is offered to me, either verbally or in writing, such offer does not constitute a contract of employment. I understand that if I am employed by the company my employment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the company or myself.

I understand that this company prohibits the use, sale, possession or distribution of illegal drugs or alcohol or being under the influence of drugs or alcohol in the work place. I understand that as a condition of this application and any employment, I may be required to submit to testing for the presence of illegal drugs. I hereby consent to such pre- and/or post- employment drug testing.

I attest with my signature below that I have read and understand all of the above statements. I certify that I am at least 18 years of age and am legally authorized to work in the United States.

**Applicant's Name (Print):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 90 DAYS.**

## **EQUAL EMPLOYMENT OPPORTUNITY (EEO) VOLUNTARY SELF-IDENTIFICATION FORM**

Rio Bank is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. For this reason, we invite you to voluntarily indicate your gender and race/ethnicity.

**This form will be kept in a confidential file separate from your application for employment and is used only in accordance with federal and state regulations.**

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### **REQUIRED INFORMATION**

Name (Last, First, MI): \_\_\_\_\_

Date Applied: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Job Requisition #: \_\_\_\_\_

*Do not state "any open position" or "any position for which I am qualified". We can only consider those applicants who express an interest in an open position for which they possess minimum qualifications.*

#### **How did you find out about this job opportunity?**

State Employment Agency     Walk-In     Referred by Company Employee \_\_\_\_\_

Other \_\_\_\_\_

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### **VOLUNTARY INFORMATION**

**Submission of the information below is voluntary. Your application for employment will be considered in the same manner whether or not you provide this information.**

#### **Gender Identification (check one):**

Female     Male     I do not wish to identify

#### **Race/Ethnic Identification (check one):**

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not of Hispanic Origin)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not of Hispanic Origin)

A person having origins in any of the black racial groups of Africa.

Asian

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.

Native Hawaiian or Other Pacific Islander –

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native

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 - All persons who identify with more than one of the above five races.

I do not wish to identify

# Invitation to Self-Identify - Protected Veterans

We request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA).

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below.

**Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be maintained confidentially and used only in ways that are consistent with VEVRAA.

## (1) Disabled veteran

A "disabled veteran" is one of the following: 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** a person who was discharged or released from active duty because of a service-connected disability.

## (2) Recently separated veteran

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) Active duty wartime or campaign badge veteran

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) Armed Forces service medal veterans

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.

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

I AM NOT A PROTECTED VETERAN

I DECLINE TO IDENTIFY MY PROTECTED VETERAN STATUS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 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.<sup>1</sup> 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  
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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.

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<sup>i</sup> 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](http://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.