



Cashmere Valley Bank

We are pleased that you are interested in pursuing a career with the Cashmere Valley Financial Family. As an equal opportunity employer, we provide employment opportunities to all persons without regard to race, color, religion, age, sex, marital status, national origin, disability, sexual orientation, or veteran status.

Unsolicited applications will be accepted for Customer Service Representative Teller positions. All other positions, when available, are listed on our website at CashmereValleyBank.com and/or in local newspapers.

Your completed application will be given every consideration; however, acceptance of the application does not imply a commitment for employment. This application for employment will remain active and kept on file for one year. Beyond that date applicants must submit a new application to be considered for employment.

Employment Application & Guidelines

- Complete this application in type or print, in blue or black ink.
- An application is required for all positions and must be complete. We will not accept resumes without a completed application attached. Substituting “see Resume” on any part of the application will indicate an incomplete application and will be rejected.
- Applications must list the position for which you are interested.
- Significant discrepancies or omissions discovered during the review process will result in the rejection of your application.
- Applications for Teller positions may be submitted anytime. All other applications for available positions should be submitted during the posting period as advertised.
- You may submit your application to any of our offices or to:

**Human Resource Department
Cashmere Valley Bank
118 Cottage Ave
Cashmere, WA 98815**

- If your application is selected for an initial interview, you will receive a phone call to arrange an appointment. Due to the heavy volume of applications received, we may not respond to all phone calls from applicants inquiring on the status of an application.
- Due to the nature of our business, a satisfactory credit history is required. All applicants selected for an interview will be asked to sign a form authorizing Cashmere Valley Bank to review their credit history and criminal background check.
- Applicants may be asked to take pre-employment tests appropriate to the applied for position.

Application for Employment

Equal Opportunity Employer: Cashmere Valley Bank provides equal employment and individual opportunity to all job applicants and employees without regard to race, color, creed, religion, national origin, ancestry, citizenship status, sex, sexual orientation, gender identity, marital status, age, veteran status, military status, or disability, which can be reasonably accommodated without undue hardship, genetic information, or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

PERSONAL INFORMATION

Name: _____ Date: _____
Last First MI

Physical Address: _____
Street City State

Mailing Address: _____
Street City State

Contact Phone: _____ Email Address: _____

Are you legally authorized to work in the United States? **Yes** **No** (Employment will be contingent on providing proof of their identity and authorization for employment in the United States pursuant to the Immigration Reform and Control Act of 1986.)

Will you now or in the future need sponsorship to work in the U.S.? **Yes** **No**

Have you been convicted of a crime? **Yes** **No**

Please note that a criminal conviction or a pending criminal case will not necessarily result in an automatic disqualification from employment. The date(s), nature, seriousness of the offense, and rehabilitation will be considered. However, please be advised that Section 19 of the Federal Deposit Insurance Act states that without the written permission of the FDIC, no person who has been convicted of any criminal offense involving dishonesty or a breach of trust or money laundering may participate, directly or indirectly, in the conduct of the affairs of an insured bank.

If you have answered **yes**, to help us evaluate your application, please provide the date(s) of convictions, nature of the offense(s) for which you were convicted, the circumstances surrounding the commission of the offense(s), and any subsequent rehabilitation:

Have you ever been employed here previously? **Yes** **No** If yes, please complete:

Title Department From To

If related to anyone in our Company,
State name and department: _____ Referred by: _____

EMPLOYMENT DESIRED Full Time Part Time Temporary Hours Available _____ To _____

Position desired Date you can start Salary desired

Are you employed now? If so, may we inquire of your present employer?

Have you ever applied to this company before? Where When

Summarize other special skills and qualifications related to the position for which you are applying.

What foreign languages do you speak fluently? Read Write

Have you ever been known by any other name(s) that we may require to verify your education, former employment records, and criminal history as furnished in this application? If yes, identify name(s) _____

EDUCATION:

	Name and Location of School	# of Years Attended	Degree
Grammar School			
High School			
College			
Other			

FORMER EMPLOYERS: LIST LAST THREE STARTING WITH MOST RECENT.

Name	From	To
Address		
Job Title		
Duties		
Supervisor	May we contact?	Phone Number
Reason for leaving		
Name	From	To
Address		
Job Title		
Duties		
Supervisor	May we contact?	Phone Number
Reason for leaving		
Name	From	To
Address		
Job Title		
Duties		
Supervisor	May we contact?	Phone Number
Reason for leaving		

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Phone Number	Business	Years Acquainted
1				
2				
3				

Applicant's Statement

I hereby certify that I have read and fully understand the questions asked in this application and that the answers given on this application (and accompanying documents, if any) are true and complete to the best of my knowledge. I also understand and agree that any misstatement, falsified information, or omission of any fact from or on this application or during any interview may disqualify me from further consideration from employment and/or may be considered justification for dismissal if discovered after an offer of employment has been extended or after I have been hired.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the Bank.

I understand that nothing contained in this employment application is intended to lead or create an offer, employment contract or a guarantee of employment for a specific period of time between the Bank, any subsidiary or an affiliate. I understand that any hiring decision is contingent upon my successful completion of all of the Bank's lawful pre-employment checks, which may include a criminal background check or a credit check. I agree to execute any consent forms necessary for the Bank to conduct its lawful pre-employment checks.

Date _____ Signature _____

OFFICIAL USE ONLY

Date Received _____ By _____ Office _____

Disclosures Complete: Yes _____ No _____ Contact Date: _____

Interview Date: _____ Scheduled with: _____

Testing Date: _____ Pass: _____ Fail: _____

Background Search Date: _____ Pass: _____ Fail: _____

Credit Report Date: _____ Pass: _____ Fail: _____

Accepted: _____ Start Date: _____

Position: _____ Department: _____

Rejected: _____ Reason: _____

Reviewed By: _____ Date: _____

Voluntary Disclosure Form

Cashmere Valley Bank is subject to certain record keeping and reporting requirements for the administration of civil rights laws and regulations under Executive Order 11246. In order to comply with the laws, we invite applicants to self-identify their gender, ethnicity, and race. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Your cooperation is appreciated.

Last Name	First Name	Middle Initial
-----------	------------	----------------

Indicate Gender:	Indicate Ethnic Group:	Indicate Your Race:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to identify	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Choose not to identify	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two or more Races <input type="checkbox"/> Choose not to identify

Revised EEO-1 Race and Ethnicity Categories	Description
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North America.
Black or African-American	A person having origins in any of the black racial groups of Africa.
Asian	A person with 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 people of Hawaii, Guam, Samoa, or other Pacific Island .
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 races or ethnicity.

Cashmere Valley Bank is an equal opportunity corporation and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or veteran status in admission or access to, or treatment or employment in, its programs and activities.

Cashmere Valley Bank
VETERANS VOLUNTARY SELF-IDENTIFICATION INFORMATION

As a federal government contractor, we are requesting information about veteran status in order to comply with government reporting requirements and in order to ensure equal employment opportunity. We comply with all applicable laws including the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (VEVRAA), governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this data survey. Submission of this information is voluntary and will be kept confidential. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Name: _____ **Position:** _____ **Date:** _____

VETERANS STATUS

This company is also 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 veterans in the following classifications:

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.

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.

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.

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 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 CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

DECLINE TO ANSWER

Cashmere Valley Bank
Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
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

Cashmere Valley Bank
Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Page 2 of 2

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.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

IF YOU HAVE THE RIGHT TO WORK



DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b](#).

The **Immigrant and Employee Rights Section (IER)** may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/ier

IER@usdoj.gov



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.

