



BlueRidgeBank.com | (816) 358-5000

4200 Little Blue Parkway - Independence, MO 64057
201 W. Lexington Avenue - Independence, MO 64050
4315 Sterling - Kansas City, MO 64133
6202 Raytown Trafficway - Raytown, MO 64133
129 S. M-291 Highway - Lee's Summit, MO 64063
1812 N.W. Chipman Road - Lee's Summit, MO 64081
651 N.E. Woods Chapel Road - Lee's Summit, MO 64064
621 N.W. Duncan Road - Blue Springs, MO 64014
606 S.W. Parkwood Drive - Blue Springs, MO 64014

APPLICATION FOR EMPLOYMENT

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. The Blue Ridge Bank and Trust Co., at its own expense, arranges for a surety bond for each of its employees. Unless the applicant's background is acceptable to a surety company, the Blue Ridge Bank and Trust Co. will not be able to offer employment.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, or disability. If you need an accommodation to complete the application process, please request the accommodation you need.

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative
 Walk-In Employment Agency Other: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: () _____ Social Security Number: _____

Have you filed an application with us before: Yes No If Yes, give date: _____

Have you ever been employed with us before: Yes No If Yes, under what name: _____

Are you employed now: Yes No May we contact your present employer: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status: Yes No

Are you available to work: Full Time Part Time On what date: _____

Are you on a lay-off and subject to recall: Yes No

If you have relatives employed by us, please list: _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin, or disability.

1	Employer		Dates Employed	
			From	To
	Name Employed Under	Employer's Phone Number		
	Address			
	Job Title			
	Supervisor			
	Work Performed			
	Reason for Leaving			
2	Employer		Dates Employed	
			From	To
	Name Employed Under	Employer's Phone Number		
	Address			
	Job Title			
	Supervisor			
	Work Performed			
	Reason for Leaving			
3	Employer		Dates Employed	
			From	To
	Name Employed Under	Employer's Phone Number		
	Address			
	Job Title			
	Supervisor			
	Work Performed			
	Reason for Leaving			

Summarize special skills and qualifications acquired from employment or other experience:

Are you a veteran of the U.S. Military Service: Yes No If Yes, which Branch: _____

Are there reasons why you would not be able to perform any of the duties of the job for which your are applying, with or without workplace accommodations:

Yes No

If Yes, please explain:

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, national origin, or disability):

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

1	Name
	Address
	Phone Number
2	Name
	Address
	Phone Number
3	Name
	Address
	Phone Number

Education

	High School	College/University	Graduate/Professional
School Name:			
Years Completed:	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree:			
Describe Course of Study:			
Extra - Curricular Activities:			
Honors:			

Agreement

I certify that the answers given herein are true and complete to the best of my knowledge.

I further authorize Blue Ridge Bank and Trust Co. to undertake whatever investigation it deems appropriate into my credit history and authorize release to Blue Ridge Bank and Trust Co. of any information regarding my credit history, assets, liabilities and any claims or judgements that might exist against my spouse and me.

I hereby authorize Blue Ridge Bank and Trust Co. to investigate all statements contained in this application for employment as may be necessary for arriving at an employment decision and I release liability from Blue Ridge Bank and Trust Co. (and its officers, directors, and employees) and all those persons or firms supplying such information. I understand that false or misleading information given in my application or interview(s) may result in my not being hired by Blue Ridge Bank and Trust Co. Furthermore, in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. In consideration of my employment I agree to be bonded at the bank's expense and agree to conform to policies, rules, and regulations of the bank, both present and future, and that my employment and compensation can be terminated at any time, with or without cause or notice, at the option of either the bank or myself.

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Employed: Yes No

Date of Employment: _____

First Review Date: _____

Salary: _____

Salary Grade: _____

Department: _____

Job Title: _____

Approved: _____

Blue Ridge Bank and Trust Co.
VOLUNTARY SELF-IDENTIFICATION FORM SURVEY

For statistical reporting we ask that you voluntarily
provide the information below.

This voluntary survey assists us in complying with government recordkeeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your personnel file.

**YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA
WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip: _____

Job Title: _____

Check one: Male Female

Check one of the following:

- Hispanic or Latino **OR** Black or African American (not Hispanic or Latino)
 Two or More Races (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 White (not Hispanic or Latino)
 Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)

Protected Veteran Status: If you believe you belong to any of the categories of protected veterans listed in the definitions attached to and included with this form, 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 in the attached definitions.

I am not a protected veteran.

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Blue Ridge Bank and Trust Company is an equal employment opportunity employer, and we do not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Affirmative Action Race/Ethnicity Definitions

American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, 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.

Black/African-American: A person, not of Hispanic origin, with origins in any of the black racial groups of Africa.

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

Two or More Races (Not Hispanic or Latino): A person who identifies with more than one of the above five races.

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

Affirmative Action Protected Veteran Status Definitions

Disabled Veteran: 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.

Recently Separated Veteran: 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.

Active Duty Wartime or Campaign Badge Veteran: 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.

Armed Forces Service Medal Veteran: Any 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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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 1/31/2017
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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.