



Your Bridge to the Future

Application for Employment

Two Rivers Financial Group

employment@tworiversfinancialgroup.com

Human Resources Department

222 North Main St.

Burlington, IA 52601

Phone: 319-753-3903

Fax: 319-758-8349

Two Rivers Financial Group is an Equal Employment Opportunity employer. Equal access to programs, services and employment is available to all persons. We do not discriminate against qualified applicants in hiring or employment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, status with regard to public assistance, age, disability, status as a disabled person or veteran, or any other status protected by any federal, state, or local statute or ordinance. No question on this application is intended to secure information to be used for such discrimination.

Name _____

Address _____
City _____ State _____ Zip _____

Telephone # () _____ Mobile/Beeper/Other # () _____ Email _____

Position applied for _____ Date of application _____

Referral Source (Please check the appropriate category and name the source.)

Walk-In _____ School _____

Employee _____ Job Fair _____

Advertisement _____ Staffing Agency _____

Company Website _____ Government Employment Agency _____

Other Internet _____ Other _____

You are interested in working:

Full Time Part Time

Temporary Summer

Flexible Schedule

Hours available to work:

_____AM/PM to _____AM/PM

Date available to begin work:

_____/_____/_____

Have you submitted an application here before? If "yes", give date and position:

Have you ever been employed here before? If "yes", give date and position:

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Are you 18 years of age or older?

YES NO

Do you have a legal right to work in the U.S.?

This excludes H-1B visas.

Proof will be required at hire.

YES NO

Work History

Are you presently employed? Yes No May we contact your present employer? Yes No

Present Employer

Company Name _____	Dates Employed: _____ to _____
Type of Business _____ Phone _____	Manager's Name: _____
Address _____	Ending Salary: \$ _____
Job Title _____ Hours Per Week _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annual
Nature of Duties _____	Incentive Earnings: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving or seeking change of position _____	

1st Previous Employer

Company Name _____	Dates Employed: _____ to _____
Type of Business _____ Phone _____	Manager's Name: _____
Address _____	Ending Salary: \$ _____
Job Title _____ Hours Per Week _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annual
Nature of Duties _____	Incentive Earnings: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving or seeking change of position _____	

2nd Previous Employer

Company Name _____	Dates Employed: _____ to _____
Type of Business _____ Phone _____	Manager's Name: _____
Address _____	Ending Salary: \$ _____
Job Title _____ Hours Per Week _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annual
Nature of Duties _____	Incentive Earnings: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving or seeking change of position _____	

References (Please list business references who may be contacted regarding your past work performance and job experience.)

1. Name/Business Title: _____

Address: _____

Relationship: _____

Phone: _____

2. Name/Business Title: _____

Address: _____

Relationship: _____

Phone: _____

3. Name/Business Title: _____

Address: _____

Relationship: _____

Phone: _____

Skills/Experience (Check all that apply.)

Typing WPM _____ Software Programs: _____

Word Processing _____

Calculator _____

Ten-Key Adding _____ Other activities, training, experiences or special skills: _____

CRT _____

Education

High School Name: _____ Location: _____ Diploma or GED? Yes No

Advanced Education

1. Name of Institution: _____ Location/Address: _____

Graduate? Yes No Degree or Certificate: _____ Course of Study: _____

2. Name of Institution: _____ Location/Address: _____

Graduate? Yes No Degree or Certificate: _____ Course of Study: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organization for furnishing such information about me.

I understand that this application remains current for 90 days from the date of the application. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves that same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

If hired, I understand that I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) eliminate me from further consideration for employment, or 2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____

This Two Rivers Financial Group employment application is designed to be completed and submitted either electronically by clicking the submit button located at the top of this form or saved and emailed directly to employment@tworiversfinancialgroup.com. (Requires Adobe Reader to complete.) Please note the following:

- 1. Please complete the entire application and sign it before submitting it. Submission is not allowed if the required boxes are incomplete. (Required boxes are noted in red.)**
- 2. You may only apply for a current Two Rivers position opening and must submit a new application for each position applied for.**
- 3. Save your completed application prior to submitting it. This keeps you from having to retype your information if your email does not go through to Human Resources.**

Please read the "Equal Employment Opportunity is The Law" poster located at the end of the application. This is provided for your information and is not a part of the Two Rivers Financial Group application for employment.

Thank you for your interest in employment with Two Rivers Financial Group!



Applicant Voluntary Self-Identification Information

Two Rivers Financial Group is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, sexual orientation, sexual identity and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

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

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for:	Date:
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REFERRAL SOURCE		
<input type="checkbox"/> State Workforce Agency	<input type="checkbox"/> Company Website	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Online	<input type="checkbox"/> School _____
<input type="checkbox"/> Employee Referral _____		<input type="checkbox"/> Other _____

APPLICANT INFORMATION			
Name:			
_____	_____	_____	
Last	First	Middle	
Address:			
_____	_____	_____	_____
Street	City	State	ZIP
Home Phone:		Business phone/Cell phone:	

ETHNICITY/RACE CATEGORIES		
ETHNICITY/RACE: (identify one or more race categories)(definitions listed below)		
<input type="checkbox"/> Hispanic or Latino or identify a race listed below		
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Black or African American (not Hispanic or Latino)	<input type="checkbox"/> Asian (not Hispanic or Latino)
<input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> Two or more races (not Hispanic or Latino)
<input type="checkbox"/> Do not wish to identify		

RACE/GENDER CATEGORIES

- Male Female Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

- Disabled Veteran Armed Forces Services Medal Veteran
 Recently Separated Veteran Another Protected Veteran
 I am not a protected veteran I am a protected veteran but do not want to identify the classification in which I belong
 Do not wish to identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

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

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have 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.

American Indian or Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

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.

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>.

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.

Other Protected Veterans 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 or by calling (301) 306-6752 and requesting that a copy be mailed to you.

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.

¹ 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.

Equal Employment Opportunity is **THE LAW**

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected: The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.