



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer M/F/V/D

Date of Application: \_\_\_\_\_

We appreciate your interest in employment opportunities with StellarOne Corporation. We are an equal opportunity/affirmative action employer and do not discriminate on the basis of age, race, color, religion, sex, national origin, disability, veterans' status or any other legally protected status. No question on this application is intended to obtain information to be used in violation of this policy. You must complete all sections of this application. However, you should provide only the information that is requested. **Please type or print in ink. If you need assistance in completing this application please email StellarOpportunities@StellarOne.com.**

Position Applied for: \_\_\_\_\_

Check below the Market Area(s) for which you want to be considered:

- |                                            |                                           |                              |
|--------------------------------------------|-------------------------------------------|------------------------------|
| <input type="checkbox"/> East Region       | <input type="checkbox"/> West Region      | <input type="checkbox"/> All |
| <input type="checkbox"/> Shenandoah Valley | <input type="checkbox"/> New River Valley |                              |
| <input type="checkbox"/> Charlottesville   | <input type="checkbox"/> Central Virginia |                              |
| <input type="checkbox"/> Richmond          | <input type="checkbox"/> Roanoke Valley   |                              |
| <input type="checkbox"/> Culpeper          |                                           |                              |
| <input type="checkbox"/> Fredericksburg    |                                           |                              |

## APPLICANT IDENTIFICATION *(Please Print)*

Name: _____	(Last)	(First)	(Middle)	Social Security Number _____
Street Address _____				Home Telephone Number _____
City _____	State _____	Zip Code _____	Work Telephone Number _____	
E-Mail Address _____				Cell Phone Number _____

## EMPLOYMENT INFORMATION

Type of Employment Desired:  Full-Time  Part-Time  Peak-Time  Temporary  Other \_\_\_\_\_

Date Available for Work: \_\_\_\_\_ Desired Salary or Rate of Pay: \_\_\_\_\_

Days and Hours Available for Work

	M	T	W	TH	F	S
From						
To						

## GENERAL INFORMATION

Referral Source:  Classified Ad  VA Workforce Center  Walk-In  
 Internet  Company Web Page  Other \_\_\_\_\_  
 Employee Referral  
 (Name of employee): \_\_\_\_\_

Have you ever worked under a name that is different from the name on this application?  Yes  No  
 If yes, please state name(s) \_\_\_\_\_

If you are under the age of 18, can you provide required proof of your eligibility to work?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

**If hired, federal law requires you to furnish proof of employment eligibility.**

Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.**

Are you currently on "lay-off status" and subject to recall?  Yes  No

Are you currently subject to any non-compete or confidentiality agreement with another company?  Yes  No

**Employment Experience**

Start with your present or most recent job, omitting none. Include any job -related military service assignments. Provide an explanation for any periods of unemployment.

Employer	<i>Dates Employed</i> From To	Job Duties
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor	
Was your job performance: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Was your attendance: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Reason for Change in Employment:		
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	<i>Dates Employed</i> From To	Job Duties
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor	
Was your job performance: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Was your attendance: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Reason for Change in Employment:		
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<i>Dates Employed</i> From To	Job Duties
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title	Supervisor	
Was your job performance: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Was your attendance: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Reason for Change in Employment:		
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Was your attendance: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Reason for Change in Employment:		
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

***IF YOU REQUIRE MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER***

Have you ever been involuntarily separated from a job that is not listed above?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Education**

(Information will only be considered if education is required as an essential function of the position.)

	Name and Address of School	Course of Study/Major	Years Completed	Diploma/Degree
High School				
College				
Other (Specify)				

**Additional Skills and Experience**

List any special skills, i.e. computer software, training, professional certifications or other experience that may be relevant to the position applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Work References

Please list three work references below:

Name and Job Title	Company Name & Address	Contact Telephone Number

Completed applications may be submitted to:

**FAX:** (804) 217-6769

**E-Mail:** [@StellarOne.](mailto:StellarOne@StellarOne.com)

**USPS:** StellarOne Corporation  
Human Resources  
3900 Westerre Parkway  
Suite 102  
Richmond, VA 23233

# **REPRESENTATIONS, UNDERSTANDINGS & AGREEMENTS OF APPLICANT**

## **PLEASE READ CAREFULLY BEFORE SIGNING**

StellarOne Corporation is insured by the Federal Deposit Insurance Corporation (FDIC) which prohibits the employment of a person convicted of any criminal offense involving dishonesty or breach of trust or money laundering or who has agreed to enter into a pre-trial diversion or similar program in connection with a prosecution for such offense, except with the prior written consent of the FDIC. In addition, StellarOne Corporation arranges for a surety bond for its employees. Unless the applicant's background is acceptable to the FDIC and to a surety company, we may be unable to offer employment. StellarOne Corporation is also committed to providing a work environment free of violence and threat to person or property. If you have been convicted of a criminal offense involving violence to a person or injury to property, this may disqualify you for employment.

I certify that the facts set forth in my application for employment are true and complete to the best of my knowledge without consequential omissions of any kind, whatsoever. I understand that, if employed, any falsity of statements, answers, information or material omissions made by me in this application shall be considered sufficient cause for immediate termination.

I authorize any of the persons or organizations referenced on this application for employment to provide StellarOne Corporation with any information concerning my education, skills, experience, qualifications, past and present employment and any other information as may be deemed necessary to make an employment decision.

I hereby give my authorization for StellarOne Corporation to conduct a thorough investigation regarding my character, previous employment, general reputation, educational background, credit record and criminal history. I authorize anyone possessing this information to furnish it to (The Company) and/or a third party upon request. I understand that should information be received from a consumer report that results in denial of employment to me or, if employed, is cause for my dismissal, I will be provided with the name and address of the consumer reporting agency. All such parties are released from all liability for any damage that may result from furnishing such information. I also indemnify the company against any liability that may result from making such investigation.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself, either for employment or for the providing of any benefit. No promises of employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I understand that no supervisor of the company has the authority to change this employment "at will" status. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive officer of this organization.

In the event of my employment, I agree to abide by the policies, rules and regulations StellarOne Corporation and acknowledge that these policies, rules and regulations may be changed, modified, withdrawn or amended at any time at the company's sole discretion and without prior notice to me. I further acknowledge that any employee handbook, publication, policy, procedure, rule or regulation that may now or in the future apply to me is not contractual in nature and is not intended to modify the employment relationship.

I understand that my application will be considered current for a period of 90 days. If I wish to be considered for employment after that time, I understand that I must reapply.

I have read, understand and agree to the foregoing Representations, Understandings and Agreements and sign the same as my own free act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Voluntary Affirmative Action Information

East Region

- Shenandoah Valley
- Charlottesville
- Richmond
- Culpeper
- Fredericksburg

West Region

- New River Valley
- Central Virginia
- Roanoke Valley

StellarOne Corporation is fully committed to a policy of equal opportunity and affirmative action in all aspects of employment. Applicants will be considered for employment without regard to age, race, color, religion, sex, national origin, disability, veteran status or any other legally protected status.

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race or ethnicity.

**The provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee. When reported, data will not identify any specific individual.**

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

Position Applied for: \_\_\_\_\_

Check One:  Female  Male

Check one, or more, of the following:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Referral Source:

- Newspaper Classified Ad
- Employee Referral
- Walk-In
- VA Workforce Center
- Internet Posting
- Web Page
- Other (Please specify) \_\_\_\_\_



NAME (First, Middle, Last) \_\_\_\_\_ Gender Male / Female

MAIDEN NAME (If applicable) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE # AND STATE ISSUED: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

I hereby authorize StellarOne Corporation to prepare an INSIGHT report that will verify my past and present driving records, education records, credit history, and professional credentials. I further authorize StellarOne Corporation to perform a criminal records search. StellarOne Corporation does not guarantee the accuracy or timeliness of the information obtained from other sources and StellarOne Corporation will not be liable for any inaccuracy in the information obtained from other sources that is included in the report.

I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my report.

**CONSUMER DISCLOSURE**

I understand that a pre-employment consumer report may be obtained for employment purposes.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**California, Minnesota & Oklahoma residents only:**

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

**For GA Criminal Searches Only (Must Check One):**

- Employment w/ Mentally Disabled (Purpose Code M)
- Employment w/ Children (Purpose Code W)

- Employment w/ Elder Care (Purpose Code N)
- None Apply