

Application for Employment – Please type or print in ink.

First of Waverly Corporation does not discriminate in hiring or employment on the basis of race, color, religion, marital status, disability, Vietnam era military service, status with regard to public assistance, national origin, citizenship, age, gender or sexual orientation. No question on the application is intended to secure information to be used for such discrimination. If you need special accommodations in regard to the application process, please contact the Human Resource Department at (319) 483-4810.

Please indicate how you were referred to us.	Do you have a relative employed by us? Name Relationship
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Personal

Name (First) (Middle Init.) (Last)		Today's date	
Street Address		Telephone Number	Applying for <input type="radio"/> Full Time <input type="radio"/> Part Time If applying for part time, number of hours desired per week _____ Days & hours available:
City State Zip		Days	
Type of work/position desired		Eves.	
Location(s) desired		Salary expected \$	
Are you at least 16? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied here before? <input type="checkbox"/> Yes –when? <input type="checkbox"/> No	Are you legally permitted to accept permanent employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work visa expiration date

Educational Training – You may be requested to furnish official transcripts

High School Name and address of school	Course or major	GPA	Degree or diploma
College or university			
Business or other schools			
What courses did you take relative to the position you are applying for?		What school activities did you take part in?	

Employment History – Please start with your present or most recent position

Name of Employer		Address		Telephone # ()
Date started (mo/yr)	Starting salary/wage	Job title of starting position: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Job title of present/last position: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Name and title of supervisor
Date stopped (mo/yr)	Present/last salary/wage	Reason for leaving or desiring to leave		Were you fired? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain
Brief description of your responsibilities				

Name of Employer		Address		Telephone # ()
Date started (mo/yr)	Starting salary/wage	Job title of starting position: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Job title of last position: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Name and title of supervisor
Date stopped (mo/yr)	Last salary/wage	Reason for leaving		Were you fired? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain
Brief description of your responsibilities				

Name of Employer		Address		Telephone # ()
Date started (mo/yr)	Starting salary/wage	Job title of starting position: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Job title of last position: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Name and title of supervisor
Date stopped (mo/yr)	Last salary/wage	Reason for leaving		Were you fired? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain
Brief description of your responsibilities				

Employment History - Continued							
Name of Employer		Address				Telephone # ()	
Date started (mo/yr)	Starting salary/wage	Job title of starting position:	Full time	Part time	Job title of last position:	Full time	Part time
Date stopped (mo/yr)	Last salary/wage	Reason for leaving				Name and title of supervisor	
						Were you fired? No Yes-explain	
Brief description of your responsibilities							

Miscellaneous
Explain any gaps in your employment, other than those due to personal illness, injury or disability.
May we contact the employers you have listed? If there is a particular employer you do not wish us to contact, please indicate which one(s). Yes No
Have you ever been known by any other names(s) which this company will require to verify any of the information on this application? Yes No If yes, give name(s) and identify related school, employer, etc.

Skills and Qualifications								
Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:								
Computer skills (check appropriate boxes. Include software titles and years of experience.) Word Processing _____ Years: _____ Internet _____ Years: _____ Spreadsheet _____ Years: _____ Other _____ Years: _____ Presentation _____ Years: _____ Other _____ Years: _____ E-mail _____ Years: _____ Other _____ Years: _____								
To what job-related organization (professional, trade, etc.) do you belong? Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.								
<table border="1"> <thead> <tr> <th>Organization</th> <th>Offices Held</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Organization	Offices Held						
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List special accomplishments, publications, awards, etc. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.								
In your current or previous job, have you ever written instructions or directions to be followed by employees or customers? Yes No Not Applicable If yes, please explain:								

References																								
List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Relationship to You</th> <th>Telephone</th> <th>E-mail</th> <th># of Years Known</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Relationship to You	Telephone	E-mail	# of Years Known																		
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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, resumé 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 organizations for furnishing such information about me.

I understand that this application remains current for 60 days. 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 the 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.

I also understand that if I am hired, 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.

This Company does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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 (i) eliminate me from further consideration for employment, or (ii) 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** ____/____/____

Mail application and attachments to:

Attn: Human Resources
First of Waverly Corporation
P.O. Box 837
Waverly, IA 50677

FIRST OF WAVERLY CORP
APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

We comply with government regulations, including affirmative action responsibilities where they apply.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date _____

Position Applied For _____

Name _____ (_____) Phone _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

Referral Source:

- Advertisement Friend Relative
 Employment Agency Walk In Other _____

CONFIDENTIAL INFORMATION
VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

- Male Female

Check one of the following Race/Ethnic Groups:

- Hispanic or Latino Other

If other, check one of the following Race/Ethnic Groups:

- White Black or African American
 Asian Two or more Races
 Native American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander

If Native American Indian, check if any of the following are applicable:

- Formal member of a particular tribe
 Have a membership card issued by the tribe
 Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
 Are considered an American Indian in your community
 Used American Indian School or hospital

Waverly First Corporation

Definitions

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

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Island.

Asian (Not Hispanic or Latino) – 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.

American Indian or Alaska Native (Not Hispanic or Latino) – 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 (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Veteran Pre-Offer Self Identification Form

This employer is a Government contractor subject to the Vietnam Era Veteran's 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- 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 law 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.

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.

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

Name:

Date:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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 _____

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.