

APPLICATION FOR EMPLOYMENT

UWHARRIE CAPITAL CORP

PO Box 338
Albemarle NC 28002-0338

Bank of Stanly
PO Box 338
Albemarle NC 28002

The Strategic Alliance Corporation
PO Box 1517
Albemarle NC 28002

Anson Bank & Trust Co.
PO Box 249
Wadesboro NC 28170

Cabarrus Bank & Trust Company
PO Box 1970
Concord NC 28026

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER / DRUG-FREE WORKPLACE

"The Federal Age Discrimination Employment Act prohibits discrimination with respect to individuals over 40 years of age."

This organization participates in the Department of Homeland Security's E-Verify EMPLOYMENT VERIFICATION PROGRAM

This organization does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, handicap, veteran status, or status within any other protected groups. No questions on this application are intended to secure information to be used for such discrimination.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment. Other reasons may cause us not to hire you. At its own expense, this organization may arrange for a surety bond for each of its employees. Unless your background is acceptable to a surety company (not relative to race, color, religion, sex, national origin, age, handicap, veteran status, or status within any other protected group) it will be difficult to secure this bond and we may be unable to offer employment. All final offers for employment are made contingent upon the successful completion of a drug test performed in compliance with applicable law.

All questions must be answered in your own handwriting. If you have a resume, please attach it to this application.

DATE _____ SOC. SEC. NO. _____

NAME IN FULL _____ EMAIL ADDRESS _____
Last First Middle

ADDRESS _____
No. Street City State Zip Area Code/Telephone No.

PREVIOUS ADDRESSES DURING THE PAST 5 YEARS

No. Street City State Zip Dates

No. Street City State Zip Dates

No. Street City State Zip Dates

REFERRED BY: Walk In Employment Security Commission Associate _____
(please provide name of Associate)

LIST FRIENDS OR RELATIVES WORKING FOR US _____

POSITION APPLIED FOR _____ POSITION CODE: _____

SALARY DESIRED \$ _____ WOULD YOU PREFER: FULL TIME PART-TIME EITHER

SPECIFY DAYS AND HOURS IF PART-TIME _____

IF EMPLOYED, WHEN COULD YOU START? _____

WORK EXPERIENCE

PRESENT OR
MOST RECENT EMPLOYER _____ POSITION _____ SALARY \$ _____
FT ___ PT ___ (# hours ___) ADDRESS _____ TELEPHONE NO. _____
EMPLOYMENT DATES (MO/YR) FROM _____ TO _____ SUPERVISOR _____
REASON FOR LEAVING _____
DESCRIPTION OF JOB AND RESPONSIBILITIES _____

PREVIOUS EMPLOYER _____ POSITION _____ SALARY \$ _____
FT ___ PT ___ (# hours ___) ADDRESS _____ TELEPHONE NO. _____
EMPLOYMENT DATES (MO/YR) FROM _____ TO _____ SUPERVISOR _____
REASON FOR LEAVING _____
DESCRIPTION OF JOB AND RESPONSIBILITIES _____

PREVIOUS EMPLOYER _____ POSITION _____ SALARY \$ _____
FT ___ PT ___ (# hours ___) ADDRESS _____ TELEPHONE NO. _____
EMPLOYMENT DATES (MO/YR) FROM _____ TO _____ SUPERVISOR _____
REASON FOR LEAVING _____
DESCRIPTION OF JOB AND RESPONSIBILITIES _____

PREVIOUS EMPLOYER _____ POSITION _____ SALARY \$ _____
FT ___ PT ___ (# hours ___) ADDRESS _____ TELEPHONE NO. _____
EMPLOYMENT DATES (MO/YR) FROM _____ TO _____ SUPERVISOR _____
REASON FOR LEAVING _____
DESCRIPTION OF JOB AND RESPONSIBILITIES _____

GIVE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF OTHER EMPLOYERS _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? IF SO, PLEASE EXPLAIN: _____

MAY WE CONTACT ALL OF THE EMPLOYERS LISTED? _____ IF NO, INDICATE THE ONE(S) YOU DO NOT WISH US TO CONTACT: _____

EDUCATION

Name and address	Major Study or Subject	From (mo/yr)	To (mo/yr)	Did You Graduate?
HIGH SCHOOL				
BUSINESS OR TRADE SCHOOL				
COLLEGE				
GRADUATE WORK				
OTHER				

IF EMPLOYED, ARE YOU WILLING TO CONTINUE YOUR STUDIES? _____

Use the space below to describe your interest in this organization and the skills and aptitudes that you feel qualify you for a position at this organization. You may include civic and community activities, professional societies in which you participate, hobbies, sports, special training and/or skills (include office skills and course work study). Please do not list organizations which reveal race, creed, color, national origin, age or sex. If you need more space, please continue on a separate sheet.

MILITARY EXPERIENCE

HAVE YOU EVER BEEN A MEMBER OF THE ARMED SERVICES OF THE UNITED STATES OR IN A STATE MILITIA?

YES NO BRANCH OF SERVICE _____

DATE INDUCTED _____ DATE DISCHARGED _____ RANK AT DISCHARGE _____

HAVE YOU TAKEN ANY TRAINING UNDER THE G.I. BILL OF RIGHTS? _____ IF YES, WHAT TRAINING DID YOU TAKE?

PERSONAL RECORD

ARE YOU A U.S. CITIZEN OR OTHERWISE CURRENTLY ELIGIBLE TO WORK LEGALLY IN THE U.S.? YES NO

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH REASONABLE ACCOMMODATION?

IF NO, PLEASE DESCRIBE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A MISDEMEANOR, TRAFFIC OFFENSE, OR SIMILAR OFFENSE? HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY OR MISDEMEANOR) INVOLVING DISHONESTY OR A BREACH OF FIDUCIARY DUTY? IF THE ANSWER TO EITHER QUESTION IS YES, DESCRIBE FULLY.

PERSONAL REFERENCES

- 1) Name _____
Address _____ Telephone _____
Years Known _____ Business/Occupation _____

- 2) Name _____
Address _____ Telephone _____
Years Known _____ Business/Occupation _____

- 3) Name _____
Address _____ Telephone _____
Years Known _____ Business/Occupation _____

APPLICANT: PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask them of an employment interviewer before signing.

By signing my name below, I certify that all statements made on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would affect this application unfavorably. Any misrepresentations or omissions may be cause for rejection of this application or may be considered sufficient cause for dismissal, if employed.

By signing my name below, I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the organization and myself. If employed, my employment can be terminated with or without cause or notice for any reason the organization or myself wishes to terminate the employment relationship. These reasons may include, among others, my failure to comply with policies and procedures, results of the credit check or background investigation, my work performance or any other reason which causes the organization to determine it should terminate the relationship. This entire statement applies to the period prior to or after I may be employed.

All final offers for employment are made contingent upon the successful completion of a drug test performed in compliance with applicable law. If accepted for employment, I understand that I will be on probation status for the first 180 days of employment.

Signature of Applicant _____ Date _____

**UWHARRIE CAPITAL CORP
SUBSTANCE ABUSE POLICY
ACKNOWLEDGEMENT AND RELEASE**

I hereby consent to submit to urinalysis and/or other tests as shall be determined/required by Uwharrie Capital Corp and/or its subsidiary companies, hereby referred to as the "Company", for the purpose of determining any drug and/or alcohol content thereof.

I agree that Stanly Regional Medical Center, CMC NorthEast (certified labs) or other designated collection site may collect these specimens for these tests and may test them or forward them for analysis to a certified testing laboratory designated by the company.

I further agree to and hereby authorize the release of the results of said tests to an authorized medical review officer (MRO), the Company, or authorized agent of the Company.

I understand that it is the current, illegal use of drugs and/or abuse of alcohol that would prohibit me from being employed at this Company. Applicants for employment will be tested for the use of illegal drugs, whereas associates can be tested for the use of illegal drugs and alcohol.

I further agree to hold harmless the Company and its agents (including the above named laboratory and the collection site) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment, or my employment application if a candidate for employment.

I further agree a reproduced copy of this consent and release form shall have the same force and effect as the original.

I also hereby certify that I have received and read the Substance Abuse Policy Statement and understand the drug-free workplace program as described. I understand that, if employed, if my performance indicates it is necessary, and/or if there is reasonable suspicion of such use, I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a confirmed positive result for the illegal use of drugs and/or alcohol may lead to discipline up to and including termination of employment and/or forfeiture of workers' compensation benefits *.

I have carefully read the foregoing and fully understand its contents.

Applicant / Associate:

Print Name: _____

Signature: _____

Date: _____

Soc. Sec. No. _____ - _____ - _____

This form will become part of the associate's personnel file.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request any former employer, school, law enforcement agency, medical institution, financial institution or other persons having knowledge about me, to furnish to Allen's Professional Investigations, Inc. any and all information in their possession regarding me in connection with an application employment with UWHARRIE CAPITAL CORP or its subsidiaries. I understand that investigative background inquiries are to be made on my behalf including consumer, criminal, credit, driving records and other reports. These reports will include information as to my character, work habits and performance and experience along with any reasons for termination from previous employers. Furthermore, I understand that Allen's Professional Investigations, Inc. will be requesting information from various federal, state, local and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize that a photocopy of this authorization be accepted with the same authority as the original. I understand this authorization is to be part of the written application package which I signed.

PRINT FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ DOB: _____

(Date of birth is being requested solely in order to obtain accurate records)

DRIVER'S LICENSE NUMBER: _____ STATE: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PREVIOUS ADDRESS (IF AT CURRENT ADDRESS LESS THAN 5 YEARS):

CITY/STATE/ZIP CODE: _____

APPLICANT SIGNATURE: _____

DATE: _____

FOR COMPANY USE ONLY – DO NOT WRITE BELOW THIS LINE

REQUEST OF: _____

STATE _____ NATIONAL _____ CRIMINAL _____ MVR _____ CIVIL _____

DATE: _____ RETURN FAX NUMBER: _____

VOLUNTARY SELF-IDENTIFICATION FORM

As a Federal contractor or sub-contractor, our company is required to solicit the race, ethnicity and veteran status of all applicants for positions with our company. The information requested below is used by Uwharrie Capital Corp only as it relates to our Affirmative Action Plan. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH OUR COMPANY. If you do choose to answer these questions, any information supplied by you on this form will not affect your chances of obtaining a position with our company, which is an equal employment opportunity employer.

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.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applied For (Position Code): _____

Check one: _____ Male _____ Female

Check one of the following:

- _____ Hispanic or Latino OR _____ Black/African American (not Hispanic or Latino)
- _____ Two or more races (not Hispanic or Latino)
- _____ White/Caucasian (not Hispanic or Latino)
- _____ Asian (not Hispanic or Latino)
- _____ Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- _____ American Indian or Alaskan Native (not Hispanic or Latino)

_____ I do not wish to supply this information at this time.

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.

Veteran Status

NEWLY SEPARATED VETERAN

Have you been discharged or released from active duty within the past three years? Yes No

Date of discharge or release ____ / ____ / ____

VIETNAM-ERA VETERAN Yes No

A person who: (A) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in any other location.

OTHER ELIGIBLE VETERAN Yes No

A person who served on active duty during a war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

FOR COMPANY USE ONLY:

1. **Position Code:** _____ **Position Title:** _____
2. **Interview Date:** _____ **Interviewer:** _____
3. **Testing Date:** _____ **Test Given:** _____

4. _____ **Hired (Date of Employment - ____ / ____ / ____)**
5. **For position of** _____
6. **Location** _____
7. **Rate: \$** _____ **per hour / \$** _____ **annually**
8. **FT / PT (# hours** _____ **)**
9. **Exempt** _____ **Non-exempt** _____

10. Candidate was offered position, but declined due to:

- _____ *Accepted another position*
- _____ *Salary*
- _____ *Working hours*
- _____ *Other reasons*
- _____ *Gave no reason*

11. Unsuccessful candidate

- _____ *Possesses minimal qualifications, but more qualified candidate was hired*
- _____ *Does not meet previous work experience requirement*
- _____ *Does not meet _____ skills requirement (testing)*
- _____ *Did not pass medical or drug test*
- _____ *Unsatisfactory credit report only (Fair Credit Reporting Act Notice required)*

12. Applicant withdrew from the process

- _____ *Did not return phone calls*
- _____ *Did not show up for scheduled interview*
- _____ *Declined to proceed with medical exam*
- _____ *Declined to proceed with drug testing*
- _____ *Incomplete for another reason*