



# Employment Application

Attn: Human Resources, PO Box 338, Albemarle, North Carolina 28002-0338

Fax: 704-983-0083

**Uwharrie Capital Corp**

PO Box 338

Albemarle, North Carolina 28002-0338

**Uwharrie Bank**

PO Box 338

Albemarle, North Carolina 28002-0338

**Uwharrie Investment Group**

PO Box 1517

Albemarle, North Carolina 28002-0338

AN EQUAL OPPORTUNITY EMPLOYER

*The organization participates in the Department of Homeland Security's E-Verify Employment Verification Program | Drug-Free Workplace*

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information. Uwharrie Capital Corp (and subsidiary companies) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Uwharrie Capital Corp (and subsidiary companies). If you require this application in an alternate format or need assistance accessing, completing or participating in this application process, please contact Human Resources at (704) 983-6181.

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, national origin, age, sex, gender identity, sexual orientation, disability, veteran status, genetic information, 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 all pre-employment screenings performed in compliance with applicable law.

For a current listing of job opportunities with Uwharrie Bank or Uwharrie Investment Advisors, please visit [www.uwharrie.com](http://www.uwharrie.com).

Date  Email Address

Please quote your full first, middle and last name below Area Code/Telephone No.

First Name  Middle Name  Last Name

Mailing Address  Cell Phone No.

Previous Addresses during the past 5 years  
Address  Date

Address  Date

Position Applied For

Company (Check One)  Uwharrie Bank  Uwharrie Investment Advisors

Salary Desired \$  Do you prefer  Full-time  Part-time Specify Days/Hrs:

Referred By  Walk In  NC Dept of Commerce  Website  Associate

List Friends or Family Working For Us

If Employed, When Could You Start?

**WORK EXPERIENCE**

Present or Most Recent Employer  Position

FT  PT # Hours  Address  Telephone No.

Employment Dates: From  To  Supervisor  Salary

Reason for Leaving

Description of Job Responsibilities

Previous Employer  Position

FT  PT # Hours  Address  Telephone No.

Employment Dates: From  To  Supervisor  Salary

Reason for Leaving

Description of Job Responsibilities

Previous Employer  Position

FT  PT # Hours  Address  Telephone No.

Employment Dates: From  To  Supervisor  Salary

Reason for Leaving

Description of Job Responsibilities

Give Names, Addresses, and Telephone Numbers of Other Employers

Have you ever been discharged or asked to resign from any position? If so, explain.

May we contact all of the employers listed?  Yes  No

If no, indicate the one(s) you do not wish for us to contact and state the reason why:

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?  
 Yes  No If yes, specify full name

**EDUCATION**

Name and Address

Major Study or Subject

Did you Graduate?

HIGH SCHOOL

 Yes  NoCOLLEGE OR  
TECHNICAL Yes  NoPOST-  
GRADUATE Yes  No

OTHER

 Yes  NoIf employed, are you willing to continue your education?  Yes  No

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, color, religion, national origin, age, sex, gender identity, sexual orientation, disability, veteran status, or genetic information, or status within any other protected group. 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  NoBranch of Service  Date Inducted  Date Discharged  Rank at Discharge Have you taken any training under the G. I. Bill of Rights?  Yes  No

If yes, what training did you take?

**PERSONAL RECORD**Are you legally authorized to work in the United States?  Yes  NoDo you now, or in the future, require immigration sponsorship for work authorization (e.g. H-1B)?  Yes  No  
(If hired, verification will be required consistent with federal law)Are you at least 18 years old? (If no, you may be required to provide authorization to work)  Yes  No

Have you ever been convicted of a crime, other than a minor traffic violation, that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest. Note: Answering "Yes" does not necessarily preclude you from employment as we perform individualized assessments for all applicants.

 Yes  No

Explain:

**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

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**Please Read Before Signing**

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

By typing my name below, I certify that all statements made on this application are true and correct 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 typing 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 applied to the period prior to or after I may be employed.

All final offers for employment are made contingent upon the successful completion of credit, background, drug and other screenings performed in compliance with applicable law. If accepted for employment, I understand that there is an initial 180 calendar day introductory period,, during which my performance will be monitored, for the purpose of continuation of employment.

By typing my name in all "signature" boxes contained on this application form, I certify that all information provided within this employment application can be used for the purpose of processing my employment application and information. My typed name in the "signature" box below indicates my agreement that the application is complete and verifies my signature of the same.

Signature  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, herein referred to as the "Company," for the purpose of determining any drug and/or alcohol content thereof.

I agree that Atrium Health, or other designated certified 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 may 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 the 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. Tampering and/or altering a test specimen will be considered a positive test.

The NC Controlled Substance Examination Regulation Act - Initial Notice to Employees/Applicants can be found on our website, [www.Uwharrie.com](http://www.Uwharrie.com).

If employed, this form will become part of the associate's personnel file.

By my signature below, I certify that I have carefully read the foregoing, and fully understand its contents.

Print Name:

Signature:

Date:

**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 Uwharrie Capital Corp's designated background investigative agency any and all information in their possession regarding me in connection with an application for employment with UWHARRIE CAPITALCORP 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 may 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 Uwharrie Capital Corp's designated background investigative agency 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, scan or fax 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 sign.

*The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). For a summary of your major rights under the FCRA and more information, including information about additional rights, go to [www.ConsumerFinance.gov/LearnMore](http://www.ConsumerFinance.gov/LearnMore) or write to: Consumer Financial Protection Bureau, 1700 G Street N. W., Washington, D.C. 20552.*

Print Full Name:

Current Street Address:

City/State/Zip Code:

Previous Address (if at current address less than 5 years):  
Include Street Address, City, State, Zip Code

Signature:

Date:

**VOLUNTARY SELF-IDENTIFICATION FORM**

As a Federal Contractor or sub-contractor, our company is required to solicit the race and ethnicity status of all applicants for positions within 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 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.

Print Full Name:

Current Street Address:

City/State/Zip Code:

Position Applied For:

Position Code:

Check One:  Male  Female

Check One of the following:

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

**OR**

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

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

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

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 Alaskan 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.

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

**This form will be kept confidential and used on in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual.**

## INVITATION TO SELF-IDENTIFY FOR PROTECTED VETERANS (Applicants)

This employer is a Government contractor subject to the Vietnam Era Veterans' 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 laws 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 VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Signature:

Date:

Position Code:



### Voluntary Self-Identification of Disability

Name: \_\_\_\_\_

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

Employee ID: \_\_\_\_\_ (if applicable)

#### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

#### How do you know if you have a disability?

A disability is a condition that substantially limits one or more major life activities. If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally).
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS.
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders.
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome.
- Intellectual or developmental disability.
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD.
- Missing limbs or partially missing limbs.
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg braces(s) and other supports.
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS).
- Neurodivergence, for example, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities.
- Partial or complete paralysis (any cause).
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema.
- Short stature (dwarfism).
- Traumatic brain injury.

#### Please check one of the boxes below:

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish To Answer

**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.

**For Employer Use Only**

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_