



7226 Germantown Avenue
Philadelphia, PA 19119

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR ANY NON-JOB RELATED DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES.

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. APPLICATIONS WILL BE CONSIDERED FOR VACANCIES, WHICH ARISE DURING THE 60-DAY PERIOD FOLLOWING SUBMISSION. APPLICANTS SHOULD COMPLETE AN UPDATED APPLICATION IF NOT CONTACTED AND/OR HIRED DURING THIS 60-DAY EVALUATION PERIOD.

PLEASE COMPLETE THIS FORM CAREFULLY IN YOUR OWN HANDWRITING. REPLIES TO ALL QUESTIONS WILL BE HELD IN STRICTEST CONFIDENCE. IF YOUR ANSWERS OR STATEMENTS REQUIRE ADDITIONAL SPACE, OBTAIN SUPPLEMENTAL SHEETS FROM THE RECEPTIONIST.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE FOR WHICH YOU ARE INTERESTED IN BEING CONSIDERED. INDIVIDUALS WHO EXPRESS AN INTEREST IN "ANY" POSITION, OR A GENERIC TITLE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

THE BANK IS COMMITTED TO MAINTAINING A WORKPLACE FREE OF THE PROBLEMS ASSOCIATED WITH DRUG OR ALCOHOL ABUSE. AS SUCH, ALL APPLICANTS ARE REQUIRED TO UNDERGO TESTING AS PART OF THE PRE-EMPLOYMENT PROCESS. IF YOU CURRENTLY USE ILLEGAL DRUGS, WE SUGGEST THAT YOU NOT COMPLETE THE APPLICATION PROCESS. A POSITIVE DRUG TEST WILL RESULT IN DISQUALIFICATION FROM EMPLOYMENT OR WITHDRAWAL OF ANY EMPLOYMENT OFFER.

POSITION SOUGHT: _____ **SIGNATURE:** _____ **DATE:** _____

PLEASE ANSWER EVERY QUESTION, PRINT AND USE INK.

NAME (FIRST, MIDDLE, LAST) SOCIAL SECURITY NUMBER TELEPHONE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP) LENGTH OF TIME AT PRESENT ADDRESS

LIST PREVIOUS ADDRESSES WITHIN THE UNITED STATES EXCEPT MILITARY, IF ADDRESS CHANGED DURING THE PAST 5 YEARS.

ADDRESS (STREET, CITY, STATE, ZIP) DATES: FROM TO

ADDRESS (STREET, CITY, STATE, ZIP) DATES: FROM TO

TYPE OF WORK DESIRED SALARY REQUIREMENTS HOW WERE YOU REFERRED TO US?

DATE AVAILABLE FOR WORK ARE YOU OVER 18 YEARS OF AGE? ARE YOU A UNITED STATES CITIZEN?
 YES NO YES NO

HEALTH RECORD

IS THERE ANY TYPE OF WORK WHICH YOUR PHYSICAL CONDITION PROHIBITS, OR HAVE YOU EVER BEEN ADVISED BY A PHYSICIAN NOT TO PERFORM CERTAIN TYPES OF WORK? IF SO, PLEASE EXPLAIN IN THE SPACE BELOW.

EDUCATION

NAME	ADDRESS (CITY & STATE)	MAJOR COURSE OR SUBJECT	LAST YR. COMPLETED (PLEASE CIRCLE)	MO. & YR. GRADUATED	DEGREE
<u>HIGH SCHOOL OR PREPARATORY</u>			1 2 3 4		
			1 2 3 4		
<u>COLLEGE OR TRADE SCHOOL</u>			1 2 3 4		
			1 2 3 4		
			1 2 3 4		

LIST SCHOLASTIC HONORS, OFFICES HELD, & ACTIVITIES IN HIGH SCHOOL

LIST SCHOLASTIC HONORS, OFFICES HELD, & ACTIVITIES IN COLLEGE

IF YOU DID NOT GRADUATE WHY DID YOU LEAVE SCHOOL OR COLLEGE?

GENERAL INFORMATION

USE THE SPACE BELOW TO DESCRIBE YOUR SKILLS AND APTITUDES THAT YOU FEEL QUALIFY YOU FOR A POSITION AT THE EMPLOYER. YOU MAY WISH TO INCLUDE CIVIC AND COMMUNITY ACTIVITIES, PROFESSIONAL SOCIETIES IN WHICH YOU PARTICIPATE, HOBBIES, SPORTS, SPECIAL TRAINING. IF YOU NEED MORE SPACE PLEASE CONTINUE ON A SEPARATE SHEET.

HAVE YOU BEEN EMPLOYED HERE PREVIOUSLY?

YES NO

HAVE YOU EVER APPLIED HERE BEFORE?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST (INCLUDING BUT NOT LIMITED TO ROBBERY, EMBEZZLEMENT, FORGERY, PERJURY, TAX EVASION, ETC.)? IF SO, PLEASE EXPLAIN BELOW

YES NO

LIST THREE RECENT BUSINESS REFERENCES

- (1) _____
- (2) _____
- (3) _____

PREVIOUS EMPLOYMENT

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS. LIST ONLY EMPLOYERS LOCATED WITHIN THE UNITED STATES. INCLUDE SELF-EMPLOYMENT, SUMMER AND PART-TIME JOBS. IF YOU NEED MORE SPACE, PLEASE CONTINUE ON A SEPARATE SHEET.

COMPANY NAME	SUPERVISOR	ADDRESS (STREET, CITY, STATE)	SALARY
DATES EMPLOYED	POSITION AND DUTIES	REASON FOR LEAVING	Phone Number
COMPANY NAME	SUPERVISOR	ADDRESS (STREET, CITY, STATE)	SALARY
DATES EMPLOYED	POSITION AND DUTIES	REASON FOR LEAVING	Phone Number
COMPANY NAME	SUPERVISOR	ADDRESS (STREET, CITY, STATE)	SALARY
DATES EMPLOYED	POSITION AND DUTIES	REASON FOR LEAVING	Phone Number

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

The active status of this application is 30 days. In the event you are not employed within 30 days hereof you must reapply in person or your application will not be considered for employment purposes.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with company policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the policies, rules, regulations, and other communications of the company and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no representative of the company, other than the chief executive officer of the company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I hereby acknowledge that I have read the above statement and understand the same.

SIGNATURE OF APPLICANT

DATE

APPLICANT: PLEASE READ CAREFULLY BEFORE SIGNING

In connection with my application for employment with Valley Green Bank, its divisions or subsidiaries; I hereby certify that the information submitted by me on this application, resume and during any personal interview is true and complete to the best of my personal knowledge, and I understand that any false information, omissions or misrepresentations of fact called for in this application, resume and during any personal interview may be cause for the denial of my application or, if I am employed, immediate discharge.

I am applying for a position with Valley Green Bank and in connection therewith, I authorize Valley Green Bank to investigate my employment, education and any other stated references in order to obtain information regarding my prior job performance or my qualifications for employment with Valley Green Bank including information concerning any criminal background. I further authorize Valley Green Bank to conduct a credit history review of my finances in connection with application for employment. A credit history review and/or criminal background check may be conducted at any time during the course of my employment. I release Valley Green Bank and all parties contacted by Valley Green Bank from any and all liability whatsoever concerning the information supplied by them to Valley Green Bank.

I agree to comply with all rules, orders and procedures of Valley Green Bank as they may exist and may be adopted or amended from time to time with our without notice.

I understand that Federal law requires me to provide proof of identity and proof of employment authorization within 72 hours of employment. I understand that a failure to provide such proof of identity and proof of employment authorization will result in my immediate discharge.

I further understand that a medical examination may be required to verify fitness to work after a job offer has been extended, but prior to beginning work. The examination results will not be used to disqualify an applicant unless a disability discovered would, even with reasonable accommodation, preclude the safe or adequate performance of the essential functions of the job in question. I may also be required to submit to a pre-employment drug test and I understand that I may be denied employment if the results indicate illegal substance use.

In addition, I understand that my employment is for no fixed period of time and may be terminated by me or by Valley Green Bank at any time for any reason or for no reason. I also understand and agree that Valley Green Bank may change with or without notice the terms and conditions of employment with Valley Green Bank at any time for any reason. No oral representation to the contrary has been made to me now. I further understand that no employee other than the Chairman/President of Valley Green Bank is authorized to make any such representation.

Further, should I obtain employment with Valley Green Bank, I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with Valley Green Bank or its divisions or subsidiaries by final and binding arbitration before a neutral arbitrator. By way of example only, such claims include claims under federal, state and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

My understanding, agreement and acceptance of the above is indicated by my signature below.

SIGNATURE OF APPLICANT

DATE

FEDERAL DEPOSIT INSURANCE ACT COMPLIANCE - APPLICANT

SUMMARY

Pursuant to Section 19 of the Federal Deposit Insurance Act, any person who has been convicted of any criminal offense involving dishonesty, breach of trust, or money laundering, or has agreed to enter into a pretrial diversion or similar program in connection with a prosecution for such offense, may not become, or continue as, an institution-affiliated party of an insured depository institution; own or control, directly or indirectly, any insured depository institution; or otherwise participate, directly or indirectly, in the conduct of the affairs of any insured depository institution without the prior written consent of the FDIC.

Dishonesty means “to cheat or defraud for monetary gain or its equivalent, directly or indirectly, or to wrongfully take from any person in violation of any criminal statute or code”.

Breach of trust means a wrongful use, misappropriation, or omission with respect to any property or fund, which has been lawfully committed to a person in a fiduciary capacity.

Any offense against a person as a “youthful offender or juvenile delinquent” is not subject to this section.

This is a significant law, and there are severe penalties for noncompliance.

It is imperative to return an accurate response. The law provides the bank with certain avenues for exceptions; accuracy will help us facilitate any exception requests. If you have any questions please contact Human Resources. I have read the above summary of Section 19 of the Federal Deposit Insurance Act. I hereby certify that:

(circle one)

I have

I have not

committed any of the offenses referred to in the summary and that I have not been convicted of any criminal offense involving dishonesty, breach of trust, or money laundering, or have I agreed to enter into a pretrial diversion or similar program in connection with a prosecution for such offense.

PRINT NAME

DATE

SIGNATURE

A Summary of your Rights
Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditor, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is out dated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone-such as a creditor who reports to a CRA-that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, with out your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA list for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from futures lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the list indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

The FCRA give several different federal agencies authority to enforce the FCRA:

<u>For Questions or Concerns Regarding:</u>	<u>Please Contact:</u>
CRAs, creditor and others not listed below	Federal Trade Commission Bureau of Consumer Protection FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, MS/6-6 Washington, DC 20219 800-613-6743
Federal Reserve System Member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (words “Federal Credit Union” appear in institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface or rail common carriers regulated by former civil Aeronautics Board of interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of Deputy Administrator -GIPSA Washington, DC 20205 202-720-7051

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING:

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If Valley Green Bank policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Valley Green Bank or its agent, to furnish the information described in Section 1.
- V. Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name (LAST, FIRST, MIDDLE)

Please print other names you have used

Home Address

City State Zip Code _____

Social Security Number _____ Date of Birth _____ Sex: Male Female

Drivers License Number _____ State Issuing License _____

Name as it appears on license _____

Signature _____ Today's Date _____

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!