



# 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 / AFFIRMATIVE ACTION EMPLOYER

Uwharrie Capital Corp and subsidiary companies make recruitment, employment, promotional and all other Human Resources decisions without regard to race, color, religion, national origin, age, sex, gender identity, sexual orientation, disability, veteran status, or genetic information, or status within any other protected group. 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, 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 a drug test performed in compliance with applicable law.

IF YOU REQUIRE THIS APPLICATION IN AN ALTERNATE FORMAT, PLEASE CONTACT HUMAN RESOURCES AT (704) 983-6181. For a current listing of job opportunities with Uwharrie Capital Corp, Uwharrie Bank, and/or The Strategic Alliance Corporation/Uwharrie Investment Advisors, you may visit our website, [www.Uwharrie.com](http://www.Uwharrie.com).

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

Date  Email Address

Full Name  Area Code/Telephone No.

Mailing Address  Cell Phone No.

### Previous Addresses During the Past 5 Years:

Address  Dates

Address  Dates

Position Applied For  Position Code (see posting)

Company (Check One):  Uwharrie Capital Corp  Uwharrie Bank  
 The Strategic Alliance Corp / Uwharrie Investment Advisors

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

Referred By:  Walk In  Employment Security Commission  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:

**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  No

Branch 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 a U.S. Citizen or otherwise currently eligible to work legally in the U.S.?  Yes  NoHave you ever been convicted of a crime, other than a misdemeanor, traffic offense or similar offense?  Yes  NoHave you ever been convicted of any crime (felony or misdemeanor) involving dishonesty or a breach of fiduciary duty?  Yes  No

If the answer to either question is "Yes," please describe fully in the space below. A "Yes" answer does not automatically disqualify you from employment. The nature of the offense, date and the job for which you are applying will be considered.

**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 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 calendar days 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 Allen's Professional Investigations, Inc. (or other 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 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. (or other 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 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:

**FOR COMPANY USE ONLY - DO NOT WRITE BELOW THIS LINE**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
(Date of Birth is being requested solely in order to obtain accurate records)

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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 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

OMB Control Number 1250-0005  
Expires 05/31/2023

Form CC-305  
Page 1 of 1

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

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

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

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

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

## 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: \_\_\_\_\_