THE | COASTAL | BANK

APPLICATION FOR EMPLOYMENT

Please answer every question.

Date_____

Name _____ SSN _____
Last First Middle

Address _____
Street City State Zip

Home Telephone Number _____ Cell Phone Number _____

Work Phone Number _____ Email Address _____

Position applied for (Be specific) _____

Are you seeking ❑ Full-time ❑ Part-time ❑ Summer employment?

Have you previously worked for The Coastal Bank? ❑ Yes ❑ No

Have you previously applied for a position at The Coastal Bank? ❑ Yes ❑ No If yes, when _____

If you have relatives employed by The Coastal Bank, provide their names and relationships to you

_____

_____

Have you ever been convicted of a felony? ❑ Yes ❑ No
(A conviction will not automatically disqualify an applicant for employment)

If yes, explain: _____

If yes, when? _____ Where? _____

EDUCATIONAL INFORMATION

	Name and Location	Course of Study	Graduated	Degree
High School:				
Vocational/Technical:				
Business:				
College:				
Military:				

List additional training: _____

_____

_____

_____

PLEASE ATTACH RESUME IF AVAILABLE, HOWEVER, APPLICATION MUST BE COMPLETED

This application shall be considered active for a period not to exceed thirty days. Any applicant wishing to be considered for employment beyond thirty days should inquire as to whether or not applications are being accepted at that time.

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APPLICATION FOR EMPLOYMENT, continued

EDUCATION, continued

In which subjects did you receive the highest grades? _____

Lowest grades? _____

List scholastic honors, offices held, and activities in high school/college? _____

Are you planning to pursue further studies? ☐ Yes ☐ No

If yes, list course work: _____

U.S. Military Service: Branch _____ Years Served _____

Highest Rank Attained: _____ Military Occupation: _____

WORK HISTORY BEGINNING WITH PRESENT OR MOST RECENT EMPLOYMENT

(Include self-employment, summer and part-time jobs)

Company Name: _____ Phone: _____

Address: _____
Street City State Zip

Dates of Employment: From _____ To: _____

Job Title: _____ Job Duties: _____

_____

Reason for Leaving: _____ May We Contact? ☐ Yes ☐ No

Supervisor's Name: _____ Position: _____

and/or Contact Person: _____ Position: _____

Company Name: _____ Phone: _____

Address: _____
Street City State Zip

Dates of Employment: From _____ To: _____

Job Title: _____ Job Duties: _____

_____

Reason for Leaving: _____ May We Contact? ☐ Yes ☐ No

Supervisor's Name: _____ Position: _____

and/or Contact Person: _____ Position: _____

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APPLICATION FOR EMPLOYMENT, continued

EMPLOYMENT HISTORY, continued

Company Name: _____ Phone: _____

Address: _____
Street City State Zip

Dates of Employment: From _____ To: _____

Job Title: _____ Job Duties: _____

_____

Reason for Leaving: _____ May We Contact? ❑ Yes ❑ No

Supervisor's Name: _____ Position: _____

and/or Contact Person: _____ Position: _____

Company Name: _____ Phone: _____

Address: _____
Street City State Zip

Dates of Employment: From _____ To: _____

Job Title: _____ Job Duties: _____

_____

Reason for Leaving: _____ May We Contact? ❑ Yes ❑ No

Supervisor's Name: _____ Position: _____

and/or Contact Person: _____ Position: _____

Company Name: _____ Phone: _____

Address: _____
Street City State Zip

Dates of Employment: From _____ To: _____

Job Title: _____ Job Duties: _____

_____

Reason for Leaving: _____ May We Contact? ❑ Yes ❑ No

Supervisor's Name: _____ Position: _____

and/or Contact Person: _____ Position: _____

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APPENDIX A

CERTIFICATE AND AGREEMENT OF APPLICANT

(please read carefully)

The Coastal Bank is an Equal Opportunity Employer and does not discriminate on the basis of age, sex, race or color, national origin, religion or disability. This application is intended to comply with the requirements of State and Federal fair employment practices.

1. I certify that all of the information provided by me on this application is true and correct. I further understand that false or misleading statements of omissions of any kind on this application, or any other forms completed by me related to my employment may result in the rejection of this application, or if such false statements, or omissions, are discovered after employment, employment may be terminated.

2. I agree, authorize and understand The Coastal Bank or its agents may investigate my background to verify any and all information provided by me. I authorize the persons or organizations referenced in this application to give The Coastal Bank any and all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to The Coastal Bank.

3. I also agree and understand that under the Fair Credit Reporting Act I have been told that an investigation may include an investigative consumer report, (Appendix B) including information regarding my character, general reputation, personal characteristics and mode of living. If any such investigation results in denial of employment, I shall be so advised. The Coastal Bank shall supply the name and address of the consumer reporting agency making the investigative report, and I will be given an opportunity to correct any misinformation contained in such report.

4. I agree to furnish such additional information and complete such examinations (including periodic physical examinations and periodic tests for controlled substances or alcohol) as may be required by The Coastal bank. I agree and understand that my initial and continued employment is contingent upon my submitting to such examinations or tests when requested, and that refusal to take such an examination will subject me to termination pursuant to applicable law.

5. **If employed, I agree and understand that my employment is for no definite duration and may be terminated at-will by either The Coastal Bank or me at any time with or without cause or notice. Additionally the Employee Handbook, or any other statement of The Coastal Bank policy, is not a contract, cannot be construed as a contract, and does not create a contract of employment or for benefits of any kind. I understand the Employee Handbook, and other policies, may be modified, supplemented, or rescinded at any time at the sole discretion of the Bank. I agree and understand that no employee of The Coastal Bank other than the chief executive officer, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement that contradicts or modifies the foregoing in any manner.**

6. Pursuant to the Immigration Reform and Control Act of 1988, all applicants, upon being made an offer of employment, must produce documents, that are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after commencement of employment, you will also be required to sign Form 1-9 (issued by the Federal Government) verifying, under oath, your employment authorization.

Signature of Applicant _____ Date_____

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APPENDIX B

FAIR CREDIT REPORTING ACT ("FCRA") DISCLOSURE AND AUTHORIZATION FORM INVESTIGATIVE CONSUMER REPORT

THE COASTAL BANK DISCLOSES TO YOU THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES AS PART OF YOUR PRE-EMPLOYMENT BACKGROUND INVESTIGATION AND POST-HIRE INVESTIGATIONS.

I, _____ hereby acknowledge receipt of this
(Please Print Name)
disclosure. I also hereby authorize the procurement of an Investigative Consumer Report and understand that such a report will include information as to my character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that I may make a written request to The Coastal Bank, within a reasonable period of time after receipt of this disclosure, as to the nature and scope of the investigation and that a written summary of my rights pursuant to the FCRA is available.

Signature of Applicant _____ Date _____

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APPENDIX C

AFFIRMATIVE ACTION VOLUNTARY INFORMATION FOR INDIVIDUALS WITH DISABILITIES, VETERANS OF THE VIETNAM ERA AND SPECIAL DISABLED VETERANS

The Bank is a government contractor subject to Section 503 of the Rehabilitation Act, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. These laws require government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, and special disabled veterans and veterans of the Vietnam era, respectively.

If you have a disability and would like to be considered under affirmative action program please tell us. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

If you are a veteran of the Vietnam era or a special disabled veteran, we would like to include you under our affirmative action program. If you would like to be included in our affirmative action program, please tell us.

If you are a individual with a disability or a special disabled veteran, it would assist us if you tell us about any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind and about the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodation.

You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you submit will be kept confidential as required by law. The information provided will be used only in ways that are not inconsistent with Section 503 of the Rehabilitation Act, as amended and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Please check any of the following, if applicable:

____ Veteran of the Vietnam Era ____ Special Disabled Veteran ____ Disabled Individual

Do you need reasonable accommodation to perform the essential functions of your job? ____ Yes ____ No

If yes, explain:_____

_____

Applicant's Printed Name _____

Applicant's Signature _____ Date _____