



PLEASE READ PRIOR TO COMPLETING THE APPLICATION

APPLICATION PROCESS

- Applications are only accepted for *open* positions.
- Be sure that your application reflects the information needed to show that you meet the minimum requirements posted for the position you have applied for.
- You may apply for more than one open position using the same application. Please list the positions and job numbers in the order of interest.
- It may take up to 3-4 weeks for applications to be processed. If you have not heard from us within that time period, you may assume we do not plan to interview you at this time. Please do not call in or come in to check on the status of your application unless there is a change in your circumstances/status.
- Human Resources office hours: Monday – Friday, 8:00 a.m. to 5 p.m.
- Our job line number is 541-618-5973.

YOUR INTEREST IN PREMIERWEST BANK IS APPRECIATED AND WE WISH YOU SUCCESS IN YOUR CAREER GOALS.

Describe briefly why you want this position and what you could bring to the job that may differ from other applicants:

EMPLOYMENT DATA: Please fill out completely and list the activities in which you have been involved. Begin with most recent employer, include military service, self-employment, volunteer work, & periods of unemployment. Attach additional sheets if necessary.

COMPANY/ORGANIZATION		EMPLOYED FROM	STARTING POSITION	STARTING SALARY
				\$
ADDRESS,CITY, STATE, ZIP CODE		EMPLOYED TO	ENDING POSITION	ENDING SALARY
				\$
IMMEDIATE SUPERVISOR	PHONE NUMBER	HOURS WORKED PER WEEK	STATUS <input type="checkbox"/> FULL-TIME	
			<input type="checkbox"/> PART-TIME	
DUTIES / RESPONSIBILITES				
DID YOU VOLUNTARILY TERMINATE YOUR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASONS FOR LEAVING:			MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY/ORGANIZATION		EMPLOYED FROM	STARTING POSITION	STARTING SALARY
				\$
ADDRESS,CITY, STATE, ZIP CODE		EMPLOYED TO	ENDING POSITION	ENDING SALARY
				\$
IMMEDIATE SUPERVISOR	PHONE NUMBER	HOURS WORKED PER WEEK	STATUS <input type="checkbox"/> FULL-TIME	
			<input type="checkbox"/> PART-TIME	
DUTIES / RESPONSIBILITES				
DID YOU VOLUNTARILY TERMINATE YOUR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASONS FOR LEAVING:			MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY/ORGANIZATION		EMPLOYED FROM	STARTING POSITION	STARTING SALARY
				\$
ADDRESS,CITY, STATE, ZIP CODE		EMPLOYED TO	ENDING POSITION	ENDING SALARY
				\$
IMMEDIATE SUPERVISOR	PHONE NUMBER	HOURS WORKED PER WEEK	STATUS <input type="checkbox"/> FULL-TIME	
			<input type="checkbox"/> PART-TIME	
DUTIES / RESPONSIBILITES				
DID YOU VOLUNTARILY TERMINATE YOUR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASONS FOR LEAVING:			MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SKILLS:					
SKILL	MONTHS/YRS	SKILL	MONTHS/YRS	SKILL	SPEED
Data Entry		Customer Service		Typing	
Data Base		Sales		Shorthand	
Proof Machine		Cash Handling		10-key By Sight	
Word Processing		Automated Acctg. System		10-key By Touch	
Computer/Language Skills (Please list hardware, software and language experience(s):					
BUSINESS REFERENCES: Please list below two business references who are not relatives					
NAME (First, Last)	PHONE NUMBER	TITLE/POSITION	COMPANY		
NAME (First, Last)	PHONE NUMBER	TITLE/POSITION	COMPANY		

PLEASE READ BEFORE SIGNING

I certify that all my statements on this application are true and complete. I understand and agree that any misrepresentation or omission by me in this application will result in the cancellation if this application or termination of my employment. If I accept a position with PremierWest Bank, I hereby agree to comply with all its policies and procedures. I understand that any employment relationship will be considered "at will", that is, terminable at the will of either PremierWest Bank or me. I acknowledge that no contrary representations or promises are authorized or enforceable unless in a written employment agreement signed by an executive officer of PremierWest Bank.

I understand that my employment is contingent upon proof of my identity and employment eligibility pursuant to the Immigration Reform and Control Act of 1986 and that I will be required to produce original documents establishing my identity and authorization to work and to complete the U.S. Immigration and Naturalization Form I-9.

I authorize the release of all high school, college and other education records pertaining to my attendance, course work and other school activities.

I further consent to the disclosure of any and all information about me contained in private and government files or information obtained through an investigative agency relevant to this application for employment or relating to my present and former employment history, and I request all former employers and federal, state and local government agencies to supply said information to you on your request.

To my former employers, you are authorized to furnish PremierWest Bank or its representative with personnel information requested. I release you, my former employers, from liability that may arise as a result of your providing such information to PremierWest Bank or its representative.

I authorize PremierWest Bank to obtain a consumer credit report and/or background check through credit agencies or bureaus of their choice as a condition of an employment offer. I acknowledge that any offer of employment by PremierWest Bank is contingent upon a favorable consumer credit agency/bureau report and/or background check. I understand that if I am denied employment because of information contained in the credit report, PremierWest Bank will advise me of the reason for denial of employment, provide me with a copy of the credit report, a copy of A Summary of Your Rights Under the Fair Credit Reporting Act, and supply me with the name and address of the agency/bureau making the report. I hereby release PremierWest Bank from any and all liability that may result from using and relying on consumer credit report information as a basis for considering an offer of employment from PremierWest Bank. I further consent to the use of manual, electronic and computer based research when conducting this investigation.

I understand as a condition of employment, all job offers will be contingent upon the applicant submitting to and passing a urine drug screen. Applicants who refuse drug screening will automatically be removed from consideration for employment.

I understand that as a condition of employment I must be able to be covered by PremierWest Bank's Blanket Bond. If I am hired and I am not bondable, I will be terminated. I understand I will not be employed, or my employment will be terminated, if I am or have been convicted of a criminal offense involving dishonesty, breach of trust, robbery, embezzlement, forgery, or money laundering, or have agreed to enter into a pretrial diversion or similar program in connection with a prosecution of such offense.

This application for employment will receive careful consideration but the acceptance of it for filing affords no assurance of eventual employment.

Acknowledgment: I hereby acknowledge that I have read and reviewed the above statements and the other information I provided on this application. Yes No

Signature of Applicant

Date

BANK USE ONLY

INTERVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

HIRED START DATE: _____ POSITION: _____ SALARY: \$ _____

BRANCH/DEPARTMENT: _____

STATUS: FULL-TIME (40 hours) PART-TIME (35-39 hours) PART-TIME (30-34 hours) PART-TIME (25-29 hours)

PART-TIME (20-24 hours) PEAK-TIME (less than 20 hours or on-call)

NO OFFER OFFER REJECTED OTHER (explain): _____

COMMENTS: _____

This information is being gathered for Affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

AFFIRMATIVE ACTION/APPLICANT FLOW QUESTIONNAIRE

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental recordkeeping or periodic reporting. This information is not part of your employment application and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Applicant's Name:	Applicant's Signature:	Current Date:
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Applicant's City:	County:	State:
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Type of Position Applying For (Please specify):

Referral Source: <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Agency Referral <input type="checkbox"/> Advertisement (newspaper) <input type="checkbox"/> School or College	<input type="checkbox"/> Employee Referral <input type="checkbox"/> Drop-in <input type="checkbox"/> Other (Specify):
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Race/Ethnic: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races	<input type="checkbox"/> Other: _____ (Please specify) <input type="checkbox"/> Decline to Answer (See reverse side for definition of categories)
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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RACE/ETHNIC CATEGORIES

American Indian or Alaska 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.

Asian (Not Hispanic or Latino): A person with origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands Thailand and Vietnam.

Black or African-American (Not of Hispanic origin): A person having origins in any of the black racial groups of Africa.

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

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

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North America.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

**PRE-EMPLOYMENT DRUG SCREENING POLICY
PREMIERWEST BANK**

POLICY

Job candidates who are being considered for employment will be required to submit to a urine drug screen as a part of the application process. Job candidates who refuse drug screening will automatically be removed from consideration for employment.

TEST RESULTS

Pre- employment drug screening tests will be treated as **CONFIDENTIAL** information and will not be released to any employer or government agency. Test results will be held in the strictest confidence by all personnel who have access to them. All analytical testing will be conducted by a laboratory that meets qualifications for licensing.

POSITIVE RESULTS

The detection of any of the following substances or classes of drugs will constitute a **POSITIVE** result and will give reason for not considering the applicant further for employment unless the substance is legally prescribed for the individual by his/her licensed physician and is being used in accordance with said prescription: **Amphetamines, Methamphetamine, Barbiturates, Cocaine, Marijuana and Opiates**. All specimens that are found to be positive upon initial screen will be tested a second time by an alternate scientific method to confirm the presence of the detected substance.

NEGATIVE RESULTS

Applicants with **NEGATIVE** urine drug screen will be considered for employment based on this as well as other job related criteria.

RETESTS

Applicants who have a **POSITIVE** drug screen can reapply for employment after a six month (180 day) waiting period and will need to bring confirmation of completion of a rehabilitation program or an evaluation by certified drug abuse counselor and/or addictionologist to be considered for retest.

POSSESSION OR ADULTERATION

Switching or adulterating urine samples will result in refusal to hire a prospective applicant.

URINE COLLECTION PROCESS

Applicant should have photo I.D. available at the time of collection and should avoid drinking lots of liquid at least 3-4 hours before collection as excess liquids may dilute the specimen.

NOTIFICATION CLAUSE

The testing may detect the presence of controlled substances, which you are properly taking pursuant to a physician's prescription. Some over the counter medicine may also be detected. Therefore, at the time of testing, it will be important for you to inform the lab of any medication you are currently taking.

PRE-EMPLOYMENT CONSENT FORM

I have read and understand the above and consent to testing of a specimen provided by me in order to determine the presence of controlled substances and recognize that the result of an analysis of such specimen will be used to determine suitability for employment.

Yes

No

Name (Print)

Signature

/Date

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800/367-5933

Applicant's Name: _____

(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.

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. 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 company 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 including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **PremierWest Bank** or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes 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: _____

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female Race: Asian Black Hispanic White Other

Drivers License Number: _____ State Issuing License: _____

Name as it appears on license: _____

Signature: _____ Today's Date: _____

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.
Subscribed and sworn before me.

Name _____ Date _____

Notary Public _____ My Commission Expires _____

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

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

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). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

- You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

- You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
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 Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally Chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints 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 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 641082638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator -GIPSA Washington, DC 20250 202-720-7051