

APPLICATION FOR EMPLOYMENT

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE complete electronically (or print if needed); your signature is required on the last page of the application. All information given will be held in strict confidence, unless otherwise required by law.

Bank of Choice, a division of Bank Midwest, N.A., believes that all persons are entitled to equal employment opportunities, and does not discriminate against its employees, or applicants for employment, because of race, color, creed, national origin, age, sex, or Veteran status.

Position for which you are applying:						
How did you hear about our opening?						
Do you have any relatives working for Bank of Choice? If yes, please list:						
Salary Desired:	Availability:	Full Time	Part Time	M-F	Sat	Evngs

PERSONAL

Name: <small>(First, Middle, Last)</small>	
Address: <small>(Street, City, State, Zip)</small>	Telephone: (Home)
Previous address: <small>(Street, City, State, Zip)</small>	Email:

EDUCATION

(Name and Address)

(Degree, Diploma, Major or Related Courses)

High School:
Business or Vocational School:
College(s):
Professional Affiliations:

EMPLOYMENT List your last three places of employment beginning with the most recent position

Name of Employer:	Title:	Telephone:
Address: <small>(Street, City, State, Zip)</small>		
Dates of Employment:	Name of Supervisor:	
Ending Salary:	Responsibilities:	
Reason for Leaving:		
Name of Employer:	Title:	Telephone:
Address: <small>(Street, City, State, Zip)</small>		
Dates of Employment:	Name of Supervisor:	
Ending Salary:	Responsibilities:	
Reason for Leaving:		
Name of Employer:	Title:	Telephone:
Address: <small>(Street, City, State, Zip)</small>		
Dates of Employment:	Name of Supervisor:	
Ending Salary:	Responsibilities:	
Reason for Leaving:		

APPLICATION FOR EMPLOYMENT (page 2)

OTHER SKILLS AND TRAINING

Computer and Software Knowledge:

REFERENCES List three former supervisory or academic references familiar with your work abilities

NAME	TITLE AND COMPANY	ADDRESS/TELEPHONE

May we contact your present employer?	Yes	No	When could you report to work?
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ADDITIONAL INFORMATION

Are you eligible to work in the United States for any employer?	Yes	No
Have you been convicted of, plead guilty to or plead no contest to a felony or misdemeanor?	Yes	No
If yes, please describe:		
If the job requires, do you have the appropriate valid driver's license?	Yes	No
Driver's License Number:	State of issue:	
Have you had any moving violations within the last 3 years?	Yes	No
If yes, please describe:		

MILITARY

Service Dates:	Level:
Responsibilities:	

I understand and agree that my background could be investigated and that the nature and scope of the investigation, if one is conducted, could include such general identification information, residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment.

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I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employment will be terminated because of falsity of statements, answers or consequential omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions are true and were made by me without any reservations. I understand that any misleading or incorrect statements will render this application void, and if employed, will be cause for termination.

All employees of Bank of Choice, a division of Bank Midwest, N.A., and a subsidiary of NBH Holdings Corp, are Employees-At-Will. I understand that if employed by Bank of Choice either the employer or I may terminate our relationship at will, without notice, or for any or no reason at all and that this employment application does not constitute an employment agreement. The Employment-At-Will status of any and all Bank of Choice employees cannot be changed with exception approval, including written documentation with signature, by the Chief Executive Officer or Chief Administration Officer of Bank Midwest and not by any oral statement or promise by anyone else.

This Employer is hereby authorized to release to any other firm or person with whom I may seek Employment, any and all information concerning my employment.

I have read and understand the above statements. This application will remain active for a period of not more than 90 days.

Full Signature

Date

Voluntary Self-Identification

Bank of Choice, a division of Bank Midwest, N.A., and a subsidiary of NBH Holdings Corp's policy is to provide equal employment opportunity to all qualified applicants and employees without regard to race, color, religion, national origin, sex, age, disability, veteran's status or other conditions, as legally required, as well as to initiate affirmative action to ensure equal employment opportunities for all applicants and employees.

Please read and fill out the information below carefully. Your responses will assist Bank of Choice's effort to maintain Affirmative Action commitments. Your completion of this form is **entirely voluntary**, but your cooperation is appreciated.

Your responses will be kept separately from your application and will not be used against you to discriminate in any way in the employment process.

TITLE OF JOB APPLYING FOR: _____

NAME (PLEASE PRINT): _____

Please check the categories which apply to you, demographic information will be kept confidential:

Gender

- Male
 Female

Ethnicity Are you **HISPANIC**?

Hispanic (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish speaking culture or origin, regardless of race)

- Yes. Stop here and do not go onto the RACE section below
 No. If you answered no, please proceed to the Race section below

Race

- Black or African American** (a person having origins in any of the Black racial groups in Africa)
 White (a person having origins in any of the original peoples of Europe, Middle East, or North Africa)
 Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
 Asian (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)
 American Indian or Alaskan Native (a person having origins in any of the original peoples of North and South America including Central America, and whom maintains tribal affiliation or community attachments)
 Two or More Races (all persons who identify with more than one of the above five races)



Veteran Status

- Not a Veteran
- Service Disabled Veteran** – (a person that is (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.)
- Other Protected Veteran** – (a person that 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.)
- Armed Forces Service Medal Veteran** – (a person that has served 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.)
- Recently Separated Veteran** – (a person that (1) have separated under honorable conditions from any branch of the armed forces of the United States; and (2) have served on active duty for 181 consecutive days or more or for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty; and (3) be a United States citizen or resident alien; and (4) have served in active military service at any time on or after September 11, 2001 as shown on your form DD-214.)

Disabled Individuals, Veterans, and Special Disabled Veterans

Bank of Choice, a division of Bank Midwest, N.A., and a subsidiary of NBH Holding Corp, is a Government contractor subject to section 503 of the Rehabilitation Act of 1973, as amended, (Section 503) and section 4212 of the Vietnam Era Veterans Readjustment Assistance Act, as amended, (Section 4212) which requires Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, special disabled veterans and veterans of the Vietnam era, and any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

If you have a disability or are a special disabled veteran or veteran of the Vietnam era, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability if you are an individual with a disability or a special disabled veteran.

Bank of Choice, a division of Bank Midwest, N.A., and a subsidiary of NBH Holding Corp, maintains a written affirmative action plan for all individuals covered by section 503 or section 4212. The plan is available for your review. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability or veteran status will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, or disabled veterans, and regarding necessary accommodations: (ii) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment: and (iii) Government officials engaged in enforcing laws administered by the OFCCP or the American with Disabilities Act, may be informed. The information provided will be used only in ways that are not consistent with section



503 of the Rehabilitation Act or section 4212 of VEVRAA (Vietnam Era Veterans' Readjustment Assistance Act).

If you have checked that you are an individual with a ***disability or a special disabled veteran***, we would like to include you under our affirmative action program. It would assist us if you tell us about the following:

1. Any special methods, skills, and procedures which qualify you for positions you might otherwise be able to do because of your disability so that you will be considered for any positions of that kind;
2. 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 accommodations.

Please list special methods, skills, and procedures: _____

Please list special accommodations: _____

SIGNATURE: _____

DATE: _____