



APPLICATION FOR EMPLOYMENT

(An Equal Opportunity/Affirmative Action Employer)

HUMAN RESOURCES DEPARTMENT

P.O. Box 26237

Las Vegas, Nevada 89126-0237

(702) 248-4200

E-Mail Address: hr@bankofnevada.com

In compliance with federal and state equal employment opportunity laws, applicants are considered on the basis of position related requirements without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or sexual orientation.

The information furnished on this application helps to determine your qualifications for the type of work for which you have applied. It is therefore essential that every question be completed and fully answered.

The completion of this application does not indicate that there are any open positions and does not obligate Bank of Nevada to grant an interview or offer employment.

PERSONAL INFORMATION

Name (Last, first and middle)	Please indicate other names under which you worked or obtained education	Social Security Number
E-Mail Address		
Complete Address (Street-City-State-Zip)		Home Telephone _____ Message Telephone _____
Position applying for: 1. _____	Salary Desired \$ _____	Your availability for Work: _____
Please check First choice Full time _____ Part time _____	Do you Have Relatives Working for the Bank? Yes _____ No _____ Name _____ Dept. _____ Relationship _____	Are you over eighteen years of age? Yes _____ No _____

LEGAL INFORMATION

Are you legally entitled to work in the United States? (Verification will be required upon hire.) Yes _____ No _____

Have you ever been convicted of any criminal misdemeanor or felony in any court of law?

Yes _____ No _____ if yes, please give details: (A conviction does not automatically disqualify you for employment. What crime was committed, how long ago, as well as for what job you are applying are among the factors considered.) _____

EDUCATION AND TRAINING

Name	Complete Address	Main course	Circle Last Year completed	Did you Graduate?
High School			1 2 3 4	Yes No ____
Business School			1 2 3 4	Yes No ____
College			1 2 3 4	Yes No ____
Graduate Work			1 2 3 4	Yes No ____

Please list any scholastic honors, offices held, and activities in high school or college (you may omit those that indicate race, religion, sex, national origin, age, and disability or veteran status of its members.) _____

If applicable to the position for which you are applying for, indicate operations and knowledge of the following skills:

SOFTWARE

Word _____ Wordperfect _____ Windows _____ Other _____
 Lotus _____ Excel _____ Laser Pro _____
 Microsoft Office _____ Access _____ Power Point _____

SKILLS

Typing _____ Ten Key by Touch _____
 Speedwriting _____ Proof Machine _____ keystrokes per minute
 Shorthand _____

Describe any skills not listed and any aptitudes you have which you believe qualify for the type of work you seek:

REFERENCES

Names of persons willing to provide professional and/or character references for applicant. (Do not use employers or family members)

Name and Occupation	Complete Address	Telephone No.	Time Known
1.			
2.			
3.			

EMPLOYMENT HISTORY

Starting with present or most recent, list ALL work experience for the last 10 years, include self-employment, summer, volunteer and part-time jobs. If there is a period where you were not employed, list what you did during that time. Do not leave any time out. Should you need to list additional work experience, request a supplemental form.

DATES EMPLOYED MONTH AND YEAR		EMPLOYER	JOB TITLE & DUTIES	OTHER JOB RELATED INFORMATION
From	To	Company Name _____ Complete Address _____	Job Title _____ Duties _____	Reason for leaving? May we Contact your present / past employer? Yes _____ No _____
SALARY		Phone No. () _____		Name while employed (If different)
Start	Last	Supervisor Name _____ Type of Business _____		
HR USE ONLY				

EMPLOYMENT HISTORY (CONTINUED)

DATES EMPLOYED MONTH AND YEAR		EMPLOYER	JOB TITLE & DUTIES	OTHER JOB RELATED INFORMATION
From	To	Company Name _____ Complete Address _____	Job Title _____ Duties _____	Reason for leaving? May we Contact your present / past employer? Yes _____ No _____
SALARY		_____	_____	_____
Start	Last	Phone No. () _____ Supervisor Name _____ Type of Business _____	_____	Name while employed (If different)
HR USE ONLY				
From	To	Company Name _____ Complete Address _____	Job Title _____ Duties _____	Reason for leaving? May we Contact your present / past employer? Yes _____ No _____
SALARY		_____	_____	_____
Start	Last	Phone No. () _____ Supervisor Name _____ Type of Business _____	_____	Name while employed (If different)
HR USE ONLY				
From	To	Company Name _____ Complete Address _____	Job Title _____ Duties _____	Reason for leaving? May we Contact your present / past employer? Yes _____ No _____
SALARY		_____	_____	_____
Start	Last	Phone No. () _____ Supervisor Name _____ Type of Business _____	_____	Name while employed (If different)
HR USE ONLY				
From	To	Company Name _____ Complete Address _____	Job Title _____ Duties _____	Reason for leaving? May we Contact your present / past employer? Yes _____ No _____
SALARY		_____	_____	_____
Start	Last	Phone No. () _____ Supervisor Name _____ Type of Business _____	_____	Name while employed (If different)
HR USE ONLY				

PLEASE READ BEFORE SIGNING THIS APPLICATION

The Company (means Western Alliance Bancorporation and its affiliates), at its own expense, arranges for a fidelity bond for each of its employees. Unless the applicant's background is acceptable to a fidelity company (not relative to race, color, religious creed, national origin, sex, handicap, or veteran status) it will be difficult to secure this bond and the Company may be unable to offer employment.

Section 19 of the Federal Deposit Insurance Act as amended by the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA) provides that no person who has been convicted of a crime involving breach of trust shall be allowed to participate, directly or indirectly, in any manner in the conduct of the affairs of a FDIC-insured depository institution. Accordingly, in compliance with the law, and Company policy, the Company **will** require fingerprinting for the purpose of assuring that applicants who are offered employment have no record of convictions for crimes involving breach of trust. I understand to the extent permitted by applicable law the Company **will** require fingerprinting and a drug and/or alcohol test, and may require a photograph, a medical examination, a credit investigation, and a polygraph test before and/or during employment. Additionally, I hereby authorize and direct any Sheriff Department, any Police Department and any other agency of criminal justice, law enforcement agency or court in Nevada, California, Arizona or elsewhere to release any and all criminal history records pertaining to me to any affiliate of Western Alliance Bancorporation or its agents or representatives. I agree to the aforementioned at the Company's expense.

In making this application for employment I further understand that prior to being offered employment, the Company may obtain information through personal interviews with third parties, such as family members, present and prior employers, business associates, financial sources, friends, neighbors, or others with whom I am acquainted.

I further understand that if hired, my employment is at will. I or the Company may terminate my employment at any time, with or without notice, and with or without cause. Moreover, I acknowledge that nothing contained in this employment application or the employee handbook, any written memorandum, or any statements made to me by other employees of the Company shall create an employment contract between the Company and me.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal at any time during the period of my employment. I authorize the schools, references and prior employers listed above, and all third party persons referred by these sources to provide my records, reasons for leaving and all other information they may have concerning me and I release all parties from any and all liability or claims for any damage whatsoever that may result therefrom. This means that the Company is authorized to contact the schools, references and prior employers listed above, and is further authorized to contact any third party referred by these sources.

_____ Date Signature of Applicant

HUMAN RESOURCES USE ONLY

Date Employed _____ Employee NO _____
To Start Work _____ Salary \$ _____
Position _____ Grade _____
Office _____ Checking Account NO _____
Date of 1st Review _____ Date Eligible for Merit Consideration _____
Employed/Authorized by _____



Notice to: Prospective Employee
From: Western Alliance Bancorporation and its Affiliates
Re: Fingerprinting and Drug Testing

Fingerprinting

I understand that as an applicant and/or prospective employee of the Company (Company means Western Alliance Bancorporation (WAL) or its affiliates) that I will be fingerprinted pursuant to the mandate of supervisory agencies and or Company policy, and may not start employment until the fingerprint analysis has been returned to the WAL or its affiliate. I further understand that a report of a record of criminal arrest or criminal conviction from the FBI may result in withdrawal of an offer of employment.

Drug Testing

I understand that as an applicant and/or prospective employee of the Company that I will be drug tested. I recognize that any offer of employment to me by the Company is conditional upon my successful completion of a drug test to confirm that there are no illegal or unauthorized substances in my system. I hereby voluntarily consent to:

- Providing an unadulterated sample of my hair to the designated testing provider for the purpose of drug testing for the presence of illegal or unauthorized substances in my system;
- Allowing the results of the screening performed by the designated testing provider to be reported to the Company;
- Having the information as to whether I have passed or failed the drug testing to be communicated to the Company's Human Resources Department.

In consideration of Company's review of my application for employment, I hereby release any individual and/or entity from all claims or liabilities that might arise from fingerprinting and the drug test or the disclosure of its results, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

Signature of Applicant

Date

