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FOR OFFICE USE ONLY				
Possible Work Locations	Possible Positions			

APPLICATION FOR EMPLOYMENT With



FOR OFFICI	E USE ONLY
Work Location	Rate
Position	Date

Name	Last	First	Middle	Telephone No	
Present Address	No.	Street	City	State	Zip
Please list any p	revious name(s) used at forme	r employers or school	ls		
	ligible for employment in the U employment and that you atte			equires that you provide	documentation of your identit
If you are under	age 18, state your age				
Position(s) applie	ed for			<u>.</u>	
Hours desired	Full-Time Part	-Time	(indicate number of hours des	red)	
Have you been e	employed here previously?	Yes No	Have you ever applied here	before? Yes No	
If you are offered	l employment, on what date wi	I you be available for	work?		

The Company is an equal opportunity employer. The Company does not discriminate in hiring or employment on the basis of race, color, creed, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, age, disability, veteran status, arrest or conviction record (except as permitted by law), or any other applicable protected classification. It is the Company's policy to comply with all laws prohibiting discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. One of the factors in determining whether an applicant will be employed is that the Company, at its own expense, arranges for a surety bond for its employees who are required by law to be bonded. Unless the applicant's background is acceptable to a surety company, the Company may be unable to offer employment.

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed		Did You Graduate?	List Diploma or Degree	Grade Point Average		
High -			9	10	11	12	Yes No		
College -			1	2	3	4	Yes		
Other (Specify)			1	2	3	4	Yes No		
Other (Specify)			1	2	3	4	Yes No		

COURSE	SCHOOL OR OTHER SPONSOR OF COURSE	DESCRIBE MAJOR CONTENT OF COURSE	GRADE
	SPONSON OF COORSE	COORSE	
			_
	GENERAL INFOR	MATION	_
	tion, your responses to inquiries about o	rganizations and activities should not be revealing entation, gender identity, disability, ancestry, or	
List revelant scholastic honors, offices	neld, and relevant activities:		
may wish to include civic and commun	ity activities, professional societies relating to	our qualification for the position you are applying for at to the specific position for which you are applying, and more space, please continue on a separate sheet.	
If the answer is "yes," then for each suthe offense involved a financial institution	ally disqualify an applicant from employment. ch conviction, indicate (a) the date(s) of conv n, and (e) the circumstances involved. Exclude	The nature of the conviction will be considered in accoliction, (b) the nature of the offense, (c) the penalty imple any arrest(s), acquittal(s), conviction(s) reversed on appurt as a "youthful offender" or "juvenile delinquent."	oosed, (d) whether
	ding against you? omatically disqualify an applicant from emplo pending charge(s) and surrounding circumsta	yment. The nature of the charge(s) will be considered inces:	n accordance with
(Note: For purposes of this inquiry, "pro- into treatment, rehabilitation, restitutio applicant from employment. The nature For each such "program entry," indicat	gram entry" is defined as suspension or even n, or other noncriminal or nonpunitive altern and date of the program will be considered e (a) the date(s) you entered into the progra	offense ("program entry")? Yes No tual dismissal of charges or criminal prosecution upon a natives. Entry into such a program does not automation accordance with law.) m, (b) the nature of the offense, (c) whether you comp of the charges, and (e) the circumstances involved. Exc	cally disqualify an
Has a surety bond ever been refused to circumstances:	you? Yes No For a position for which	h a surety bond is a requirement: If yes, indicate when a	nd the surrounding

List below all present and past employment, beginning with your most recent position.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	EXACT REASON FOR LEAVING
From:			
-, <u>-</u>			
To:			
	Telephone:	Supervisor:	May we contact them?
From:			
То:			
	Telephone:	Supervisor:	May we contact them?
From:			
To:			
	Telephone:	Supervisor:	May we contact them?
From:			
To:			
	Telephone:	Supervisor:	May we contact them?

If you need more space to list all of your present and past employment, please continue on a separate sheet.

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number hav	f years you e known ference
			<u>-</u>
			<u></u>

ACKOWLEDGMENT AND CONSENT

PLEASE READ BEFORE SIGNING. If you have any questions regarding this Acknowledgment and Consent, please ask them of a personnel officer before signing.

In order that the Company may arrive at an employment decision, I understand that the Company may do any or all of the following, and I hereby consent to the same:

- 1. Investigate all statements contained in this application for employment.
- 2. Request that I be fingerprinted.
- 3. Conduct a criminal background check and/or credit background check in compliance with state and federal law.
- 4. Check all references.

I understand that if I receive an offer of employment I may be required to undergo a pre-employment medical examination conducted by a doctor of the Company's choice, and to submit to drug screening. I also understand that my employment may be conditioned on the results of that examination and screening.

If employed, as a condition of continued employment, I agree to submit to drug screenings at the request of the Company or in accordance with the Company's policy. I understand that failure to cooperate with the testing may be grounds for dismissal.

In the event that I am employed by the Company:

I understand that my employment can be terminated at any time, with or without cause, either at my option or that of the Company; I understand that no personnel recruiter, interviewer or other representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time; I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract or contrary to at-will employment status.

I certify that the answers and information given in this employment application are true and correct to the best of my knowledge. I agree that false or misleading information given or material omissions of information in my application or interviews may disqualify me from consideration, or, if I am hired, may be grounds for discharge from employment.

Date	Signature				
			*		
FOR (COMPANY USE ONLY (To be filled in AFTE	ER applicant is hired or re	fused employment)		
Date employment offered	Date accepted		Date refused		
Date employed	Exempt	Non-exempt			
Department					
Job Title	Work Schedule (Hrs	s., Days, etc.)			
Job No					
Former Name					
In case of accident or other emergence	by who is the first person we should contact	?			
Name	Relationship	Telephone			
			(Home)	(Business)	(cell)
Address(Number)	(Street)	(City)	<u>.</u>	(State)	
Address(Place of Work)		(City)		(State)	