

McFarland State Bank
5990 Hwy 51 P. O. Box 7
McFarland, Wisconsin 53558
Phone: (608) 838-3141 Fax: (608) 838-4450

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Personal Information:

Today's Date: _____

First Name _____ Last Name _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Social Security Number: _____ Are you 18 or Older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, please explain: _____

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.

Are you now, or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

If available, please provide your e-mail address: _____

Position You Are Applying For:

When can you Start? _____

Position Title: _____ Salary Requirement: _____

If you were referred to us by an employee please provide their name: _____

How Did you hear of the Position? _____

Are you seeking: Fulltime/Partime/Temporary employment? Full Time Part Time Temporary

Education:

High School _____ City _____ State _____

High School Years Completed: _____

Undergraduate College _____ City _____ State _____

Degree Earned: _____

Subjects Studied While in College: _____

Graduate College _____ City _____ State _____

Degree Earned: _____

Subjects Studied While at Graduate School: _____

Business or Technical School _____ City _____ State _____

Degree Earned: _____

Subjects Studied While at Graduate School: _____

Special Skills:

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

For Driving Jobs Only: Do you have a valid driver's license?

Yes No

Driver's License Number: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

References

Are you presently employed? Yes No May we contact your present employer? Yes No

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain below:

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Business References (Give three references, not relatives or former employers.)

Name	Address	Work #	Home #

Work History: List names of employers with present or last employer listed first. Account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references. Provide telephone numbers and names of individuals to contact.

Employer	Address	Phone	From	To	Salary	Title	Supervisor

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature: _____ **Date:** _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

**AUTHORIZATION TO OBTAIN CREDIT REPORT
AND OTHER CONSUMER REPORT INFORMATION
FROM AN OUTSIDE SOURCE**

By signing below, I hereby authorize, **McFarland State Bank**

or any of its affiliates or subsidiaries, (employer) to utilize the services of an outside agency to make an investigation of my personal employment history, education and financial and credit records. I understand that these investigations will include information of public record, which could include, but not limited to, DMV records, civil and criminal court records; county, state and federal tax liens; notices of default and bankruptcies, and other records as may be appropriate. Previous employment references, educational degrees, and professional references will also be verified.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have the right to make written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation and for a written summary of my rights under the Fair Credit Reporting Act.

I further understand that information from such reports may be used by the employer in making a decision regarding my employment. Information obtained from such sources shall remain confidential and will only be used by

McFarland State Bank _____ or any of its affiliates or subsidiaries.

Yes _____
Signature and Date

No _____
Signature and Date

WAIVER AND AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

To the Applicant: This form must be filled out completely. Leave no blanks. Direct any questions to the employment office. **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I hereby represent to: McFarland State Bank

that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Yes _____ No _____
Signature and Date Signature and Date

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

PLEASE PRINT CLEARLY

Name	Last	First	Middle
Other Names Used - include maiden name, aliases, and nick names			
Address			
City/State/Zip			
Telephone	Social Security Number	Date of Birth	
Drivers License Number	Type	State	

Signature _____ Date _____

**McFarland State Bank
INVITATION TO IDENTIFY
APPLICANTS**

McFarland State Bank is an equal opportunity and affirmative action employer and subject to governmental recordkeeping and reporting requirements. To comply with these requirements, and ensure accurate reporting, we invite you to voluntarily self-identify information requested below.

PROVIDING THIS INFORMATION IS STRICTLY VOLUNTARY. IF YOU DO NOT TO PROVIDE IT, THERE WILL BE NO ADVERSE EFFECT ON YOUR CONSIDERATION FOR EMPLOYMENT. ANY INFORMATION YOU PROVIDE WILL BE HELD CONFIDENTIAL.

Name: _____ **Date** _____

Position Applied for (List one only) _____

Referral Source (Ad, Employee Referral, etc.) _____

Gender: Male _____ Female _____

Are you Hispanic or Latino? Yes _____ No _____ (If yes, do not check a race category)

(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Race: (Please check only one race category)

_____ **Caucasian (Not Hispanic or Latino)** *a person having origins in any of the original peoples of Europe, the Middle East or North Africa*

_____ **Black or African American (Not Hispanic or Latino)** *a person having origins in any of the black racial groups of Africa*

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** *a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands*

_____ **Asian (Not Hispanic or Latino)** *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, Philippine Islands, Thailand and Vietnam*

_____ **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 maintains tribal affiliation or community attachment*

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

McFarland State Bank is an equal opportunity and affirmative action employer and considers all applicants for employment based on non-discriminatory, job-related factors.sec

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

McFarland State Bank
Applicant Invitation to Self-Identify Veteran Status

McFarland State Bank is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. Protected veteran classifications are shown below:

1. **Disabled veteran** is one of the following:
 - 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
 - A person who was discharged or released from active duty because of a service connected disability.
2. **Recently separated veteran** means any veteran during the three- year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. **Active duty wartime or campaign badge veteran** means a veteran who 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.
4. **Armed forces service medal veteran** means a veteran who, while serving 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.

If you believe you belong to any of the protected veteran categories shown above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please check **one** of the following boxes:

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse employment decisions. The information provided will be held confidential and used only in ways that are not inconsistent with VEVRAA, as amended.

McFarland State Bank maintains an affirmative action program which outlines equal opportunity and affirmative action activities for protected veterans, including outreach recruitment and benchmark monitoring practices.

Applicant Name (*printed*)

Applicant Signature

Today's Date