

# STATE BANK OF WHEATON

## Employment Application

### PERSONAL INFORMATION

<i>Job Applied For</i>		<i>Date</i>	
<i>Name (Last Name First)</i>		<i>Social Security No.</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Are you 18 Years or Older? If not, can you submit a work permit?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Phone</i>	
<i>Status or disposition of applicant (For Office Use Only)</i>			

# APPLICATION FOR EMPLOYMENT

## DESIRED EMPLOYMENT

What Position Or Type Of Work Are You Seeking?	If Hired, When Will You Be Available To Start?	Salary Desired
Are You Employed Now?	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To This Company Before?	Where?	When?
Ever Worked For This Company Before?	Where?	When?
Are You Interested In: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	What Days and Hours are you willing to work?	Can you work overtime if required?
Who Referred You To This Company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other		

## EDUCATION

School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

## GENERAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities: <i>(Please do not include any information that would reveal a protected class status)</i>
List any job-related professional or technical organizations to which you belong: <i>(Please do not include any information that would reveal a protected class status)</i>

## FORMER EMPLOYERS

List Last Three Employers, Starting With The Most Recent One First.

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

**SPECIALIZED SKILLS** (Check Skills/Equipment Operated)

<input type="checkbox"/> Word For Windows	<input type="checkbox"/> WordPerfect	<input type="checkbox"/> Desktop Publishing
<input type="checkbox"/> Excel	<input type="checkbox"/> Lotus 1-2-3	<input type="checkbox"/> Other
<input type="checkbox"/> Powerpoint	<input type="checkbox"/> 10-Key	

**REFERENCES**

Name	Address	Business & Phone	Years Acquainted

Have you been convicted of a felony or (within the last five years) a misdemeanor which resulted in imprisonment? Note: The existence of a criminal record does not create an automatic bar to employment.  
 No  Yes-Explain:

Is there any reason why you cannot perform the requirements of the job for which you are applying?  
 No  Yes

Is there any reason you may not be able as is required by the company, to meet the work schedule or attendance requirements of the job?  No  Yes-Explain:

Can you, if employed submit verification of your legal right to work in the United States?  
 Yes  No

**APPLICANT'S STATEMENT**

"I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Report is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

### EEO/AAP INFORMATION (VOLUNTARY)

Current Job Applying For:	Date:
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other, please specify: _____	
Check If Any Of The Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Newly Separated Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Disabled Individual	

**CONSUMER REPORT NOTIFICATION & AUTHORIZATION**

I understand that in processing my application consumer reports may be obtained from consumer reporting agencies such as law enforcement or other government agencies solely for employment purposes. Consumer reports may include but are not limited to reports containing information on credit history, employment history, motor vehicle records, criminal background, and personal references. It is my right under the “Fair Credit Reporting Act (FCRA)” to request additional information on the nature of the consumer report.

I agree that any decision to hire me is contingent upon the results of my consumer report. State Bank of Wheaton will provide me with a copy of the consumer report and a summary of my rights under the “Fair Credit Reporting Act” before taking any adverse action based, in whole or in part, on information contained in the consumer report.

By this document, State Bank of Wheaton has disclosed to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

I hereby provide State Bank of Wheaton with written authorization to obtain a consumer report as part of the pre-employment background investigation. If hired, this authorization will remain on file and will serve as an ongoing authorization for State Bank of Wheaton to obtain consumer reports at any time during my employment period.

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

Please check if you would like to receive a copy of the consumer report.

## Disclosure and Authority to Release Information

I understand that in processing my application with State Bank of Wheaton, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

**If currently employed: My current employer may be contacted**  YES  NO

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless State Bank of Wheaton, and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

**If employed in Minnesota, California, or Oklahoma;**  
**I would like a copy of any report regarding me.**  YES  NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

---

Legal Last Name	Legal First Name	Legal Middle Name
Street Address		
City	State	Zip Code

---

**Please list any additional addresses you have lived, worked and attended schools in during the past 7 years (Please include the city, state, zip and county if known):**

---

---

**Other Name(s) Used and Date(s) Changed:**

---

---

Drivers License Number	State Issued	Expiration Date	Date of Birth
------------------------	--------------	-----------------	---------------

(To be used for background information ID only)

**I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.**

---

Signature	Social Security Number	Date
-----------	------------------------	------