



DeMotte State Bank

Employment Application

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Primary Phone			Secondary Phone						
E-mail Address			Social Security No.			Date Available			
Position Applied for								Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
Are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Are there any criminal charges pending against you?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?					
EDUCATION									
High School			Address						
		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree			
College			Address						
From To		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree			
Other			Address						
From To		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree			
PREVIOUS EMPLOYMENT									
Company					Phone ()				
Address					Supervisor				
Job Title			Starting Salary \$			Ending Salary \$			
Responsibilities									
From To		Reason for Leaving							
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company					Phone ()				
Address					Supervisor				
Job Title			Starting Salary \$			Ending Salary \$			
Responsibilities									
From To		Reason for Leaving							
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/> NO <input type="checkbox"/>				

PREVIOUS EMPLOYMENT, CONT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
<p>THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.</p> <p>I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.</p> <p>I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.</p>			
DISCLAIMER AND SIGNATURE			
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>			
Signature		Date	

Authorization to Obtain Consumer Report Information
From an outside Source

By signing this document, I hereby authorize DeMotte State Bank to obtain information regarding my criminal history, creditworthiness, standing, or capacity character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by DeMotte State Bank in making its decision regarding my employment.

(Signed)

(Date)

To be given to all applicants

Completion of this form is strictly voluntary and is confidential.

DeMotte State Bank provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, marital status, national origin, age, veteran status or disability.

This information will be used solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect you.

PLEASE NOTE: This form is **NOT** a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

Applicant Information:

Name: _____ SSN/Emp ID: _____

____ Male ____ Female Position Applied for: _____

More specific ethnicity information is required for filing EEO-1 reports. Please check the appropriate Equal Opportunity Identification Group. You should only check one of the following ethnicity of race categories:

Ethnicity:

____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Race:

____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the 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.

____ **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, the Philippine Islands, Thailand, and Vietnam.

____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Island.

____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.

If you would like to identify as two or more races, please check Two or More Races below, in addition to your one selection above.

____ **Two or More Races (Not Hispanic or Latino)** Comments: _____

____ **I choose not to disclose**

For Human Resources Use Only:

Requisition #: _____

Job Group: _____

VETERAN SELF-ID FORM

This employer 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “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.
- A “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.
- An “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.
- An “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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed 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.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- ☐ I AM NOT A PROTECTED VETERAN
- ☐ I CHOOSE NOT TO SELF-IDENTIFY MY PROTECTED VETERAN STATUS

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

YOUR NAME

TODAY'S DATE

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.ⁱ 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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 1/31/2020
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.

Voluntary Self-Identification of Disability

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Expires 1/31/2020
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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

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Invitation to Self-Identify

Name: _____

Position: _____

Date: _____

DeMotte State Bank is a Federal contractor and an **Equal Opportunity Employer**. DSB is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to 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. In order to comply with these laws, DSB invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. DSB does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check one of the following:

- _____ Male
- _____ Female
- _____ I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

- _____ Hispanic or Latino
- _____ White (Not Hispanic or Latino)
- _____ Black or African American (Not Hispanic or Latino)
- _____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- _____ Asian (Not Hispanic or Latino)
- _____ American Indian or Alaska Native (Not Hispanic or Latino)
- _____ Two or More Races (Not Hispanic or Latino)
- _____ I choose not to self-identify

Check one of the following:

- _____ I identify as one or more of the classifications of protected veterans as defined on the following page
- _____ I am not a protected veteran.
- _____ I choose not to self-identify

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.

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.

Ethnicity and Race Definitions

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (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 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, the 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 maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - 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.
- **Recently Separated Veteran** - 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.
- **Active Duty Wartime or Campaign Badge Veteran** - 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.
- **Armed forces service medal veteran** - 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.