

APPLICATION FOR EMPLOYMENT

For Office Use Only

INTERVIEWS SCHEDULED			
	Date	Time	Interviewer
1			
2			
3			

Date: ____/____/____

Please submit completed applications to:
HumanResources@Primebank.com

PLEASE TYPE OR PRINT. In order to be considered for employment, this application must be completed in full. Please indicate the specific job title for which you are interested in being considered.

PERSONAL DATA

Name (Last, First, Middle)				
Address		City	State	Zip
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
E-mail address		Are you a citizen of the U.S. or can you submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL INFORMATION

Position Applying For		Salary Requirements	Date Available
Work Status Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Summer	If seeking part-time, hours available	Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever submitted an application for employment here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?		
Have you ever been employed here or with any of our affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?		
Are you related to anyone currently employed by our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list names(s) and relationship(s)		
Referral Source (please check all that apply)	Primebank's website Social Media - Facebook or Twitter Newspaper Ad Other Website:	Walk-in Staffing Agency Gov't Agency (Iowa Workforce Development) Referrd by:	

Section 19 of the FDIA (Federal Deposit Insurance Act) prevents banks and other financial institutions from hiring or employing individuals who have been convicted of, or entered into a pretrial diversion program for, any criminal offense involving dishonesty or breach of trust or money laundering. A conviction does not automatically prevent you from employment.

Have you ever been convicted of or plead guilty to an above offense? Yes No

If yes, please explain:

Date of occurrence:

What was the conviction?

What was the sentence?

This company practices equal employment opportunity. We do not discriminate in hiring or employment on the basis of race, color, religion, sex (including pregnancy), national origin, age, gender identity, disability, sexual orientation, genetic information, service in the uniformed services, or any other legally protected status. This form is designed to secure information that is job related; no question in this application form is intended to secure information that will be used for any unlawful or discriminatory purpose.

EDUCATION

	Name of School	City/State	# of years completed	Did you Graduate?	Degree Earned	Major
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Other _____	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Masters <input type="checkbox"/> Other _____	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY

Please list your work experience beginning with your most recent job held. Please include at least the **past five years**, attach additional sheets if necessary.

Employer Name	EMPLOYMENT DATES		Last Job Title
Address	From (MO/YR)	To (MO/YR)	Summary of Duties
	SALARY		
Phone Number	Starting	Final	
Supervisor Name			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Reason for leaving

Employer Name	EMPLOYMENT DATES		Last Job Title
Address	From (MO/YR)	To (MO/YR)	Summary of Duties
	SALARY		
Phone Number	Starting	Final	
Supervisor Name			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Reason for leaving

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Address	From (MO/YR)	To (MO/YR)	Summary of Duties
	SALARY		
Phone Number	Starting	Final	
Supervisor Name			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Reason for leaving

SKILLS

What foreign language(s) do you speak, read or write?

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Computer Software experience (check all that apply and select proficiency 1=Novice/Beginner, 5=Advanced/Expert)

MS Word 1 2 3 4 5 MS Excel 1 2 3 4 5

MS PowerPoint 1 2 3 4 5 Internet 1 2 3 4 5

Publishing software _____ 1 2 3 4 5

Other word processor program _____ 1 2 3 4 5

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Include courses taken in school, present or past positions, skills or special training, educational honors, or other experience you would like to have considered.

PROFESSIONAL REFERENCES

Please provide at least two business or professional references

Name	Title	Company Name and Address	Telephone Number	E-mail

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.

I authorize the references listed in this Application, including personal and employment references, to provide you with all information pertinent to this Application and I release all parties from liability for any damages that may result from the release of any information as a part of the employment verification process. In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Company to conduct, when requested, a pre-employment drug screen, and a criminal or credit history investigation. Additionally I authorize the Company, in consideration for the Company's review of this application, to supply employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. Further, I understand that Iowa is an employment-at-will state, as such; my employment may be ended by either me or my employer at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, and that, if employed; my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same right.

I understand and agree that upon the event of employment, I will be expected to be candid and cooperate fully with any and all investigative efforts undertaken by the Company to resolve any customer or monetary transactions.

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

In the absence of my handwritten signature, I understand that my typewritten name serves as a written signature for purposes of this application.

Signature of Applicant

Date

**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

Name: _____

We consider applicants for employment without regard to race, color, religion, sex, national origin, age, or any non-job related disability. Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the individual responsible for human resources.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applications will be considered for vacancies which arise during the 60 day period following submission. Applicants should complete an updated application if not contacted and/or hired during this 60 day evaluation period.

Please complete this form carefully in your own handwriting. Replies to all questions will be held in strictest confidence. If your answers or statements require additional space, obtain supplemental sheets from the receptionist.

The company is committed to maintaining a workplace free of the problems associated with drug or alcohol abuse. As such, all applicants may be required to undergo testing as part of the pre-employment process. If you currently use illegal drugs, we suggest that you not complete the application process. A positive drug test will result in disqualification from employment or withdrawal of any employment offer.

Signature: _____

Position sought: _____

Date: _____

APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

We comply with government regulations, including affirmative action responsibilities where they apply.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

YOUR COOPERATION IS VOLUNTARY.

**CONFIDENTIAL INFORMATION
VOLUNTARY SURVEY**

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check one:

Male

Female

Check one of the following Race/Ethnic groups:

Hispanic or Latino

Other

If other, check one of the following Race/Ethnic groups:

White

Black or African American

Asian

Two or more Races

Native American Indian/
Alaskan Native

Native Hawaiian or Other Pacific Islander

Invitation to Self-Identify

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.

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 DECLINE TO 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 maintained confidentially and used only in ways that are consistent with VEVRAA.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Signature: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.