



Equal access is available to all persons. Please notify the interviewer and/or Human Resources if you require reasonable accommodation to complete the application and/or interview process.

Ixon Bank

Application for Employment

Full Time Part Time

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP code

Phone: _____ E-mail Address: _____

Date Available: _____ Desired Salary/Range \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you been convicted of a crime? YES NO

If yes, explain: _____

Answering "yes" to the previous question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into consideration. NOTE: You are not obliged to disclose the existence of any conviction or arrest records that have been sealed or expunged pursuant to Wisconsin Fair Employment Law, Wisconsin Statutes. 111.31-111.395.

Has a surety bond ever been refused to you for a position for which a surety bond is required? YES NO

If yes, indicate when and the surrounding circumstances: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO

Degree: _____

College: _____ Address: _____

Did you graduate? YES NO

Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO

Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship _____

Company: _____ Phone: _____

Address: _____ Email: _____



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References continued

Full Name: _____ Relationship _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship _____

Company: _____ Phone: _____

Address: _____ Email: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO



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Skills and Other Qualifications

Exclude information that would reveal race, color, sex, religion, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard, or other similarly protected status.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references & employers (with consent), public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service whenever it is discovered.

Signature: _____ Date: _____
Applications completed online may be signed at the time of the interview

If submitting electronically, please check box to acknowledge that I have read and understand the Employee Application Authorization.

Ixonía Bank is an Equal Opportunity Employer of women, minorities, protected veterans and individuals with disabilities.



Ixon Bank

IXONIA BANK Pre-employment Authorization and Release

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, organization, school, or government agency, its officers, employees and agents, to release all information concerning my former employment to this prospective employer, its officers, employees and agents, or any other person or entity making a written oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, a and public record information regarding my suitability for employment possessed by it. I recognize that copy of its authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

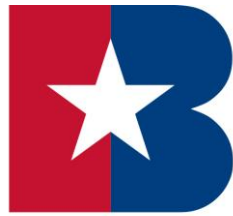
Candidate's Signature

Date

For Reference Checking purposes only, complete the following information (please print)

- 1) May your CURRENT supervisor and/or any references or individuals associated with your CURRENT employer (including Human Resources Department) be contacted?
Yes ____ No ____ Specific Comments: _____
- 2) **Provide Social Security Number**, required to obtain academic and SS# check/match background verifications: _____
- 3) Provide any FORMER or ALTERNATE NAME(s) such as change of last name, and/or use of assumed last name or nickname in order to locate your employment and/or school records: _____
- 4) Provide NAME, CITY & STATE, ALL phone numbers AND dates of attendance OR graduation from:
 High School _____ Tech School _____
 College _____ Other _____

NOTE: Answer this question ONLY if instructed by Human Resources or Hiring Employer. This information is required to conduct a criminal record check: **Date of Birth:** _____



Ixon Bank

**DISCLOSURE REGARDING USE OF
CONSUMER REPORT FOR EMPLOYMENT PURPOSES**

We would like to obtain a consumer report regarding you to assist us in our evaluation of your application for employment. The report may include information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. However, we cannot obtain such a consumer report unless you authorize us in writing to obtain a consumer report. We would like for you to authorize us to obtain such a report. You may do so by signing below.

If you authorize us to obtain a consumer report regarding you, we will provide a copy of the consumer report and a description of your rights under the Fair Credit Reporting act to you before we take any adverse action regarding you, which is based on the consumer report. Thank you for your cooperation.

I authorize you to obtain a consumer report regarding me for the employment purpose described above.

Dated _____ Signed _____



Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name _____ Date _____

Position Applied For: _____ Search Number _____

Referred by: _____

Gender

- Female
 Male

Race

- Hispanic or Latino
 White
 Black or African American
 Asian
 Native Hawaiian/Pacific Islander
 American Indian or Alaska Native
 Two or More Race (Not Hispanic or Latino)

Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- I identify as one or more of the classifications of protected veteran listed below.
 I am not a Protected Veteran
 I choose not to provide this information.

Definitions:

Disabled Veteran - 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

Active 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.

Armed Forces Service Medal Veteran - any 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 (61 Fed. Reg. 1209)

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.

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) - All persons who identify with more than one of the above five races.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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
- 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

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.

¹ 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.