



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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### 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**

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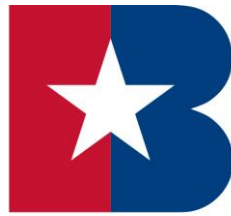
**For Reference Checking purposes only, complete the following information (please print)**

- 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:** \_\_\_\_\_

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For Human Resources Use and Comments Only: \_\_\_\_\_  
Original – HR Recruitment File \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_



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  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want 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.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_