

## Application for Employment

**Edmonton State Bank** is an equal opportunity employer dedicated to a policy of non-discrimination in all areas of employment. In accordance with this policy, all qualified applicants for employment will be considered without regard to race, color, creed, religion, sex, national origin, age, marital status, or the presence of protected disability.

It is the policy of **Edmonton State Bank** to recruit and select applicants for employment without discrimination because of physical or mental handicap or because the applicant is a disabled veteran or a veteran of the Vietnam era in regard for any position for which the individual is qualified.

Date of application

Position(s) applied for

### I. General Information

Name

Telephone Number

Present Address

Are you a U.S. Citizen, an alien lawfully admitted to permanent residence, or an alien authorized to work in the United States?

Yes

No

**NOTE:** Federal law requires that you provide documents that verify your identity and your eligibility for employment in the U.S. As a condition of your employment, you are required to provide such documents and to sign a form establishing that you are lawfully able to work in the U.S.

Have you ever been employed here before?

Yes

No

If so, when?

\_\_\_\_\_

Are you available to work:

Full-Time

Part-Time

Are you related to anyone working here?

Yes

No

If yes, state name:

\_\_\_\_\_

and relationship:

\_\_\_\_\_

Have you ever been convicted of a felony?

Yes

No

If yes, describe in full including date(s)

### II. Military Service

Were you ever in the U.S. Armed Forces?

Yes

No

If yes, tell us the Branch of Service:

\_\_\_\_\_

Describe Service experience, if related to position for which you are applying:

**III. Education**

Name of High School  City & State

Did you Graduate? If so what year?

Name of College(s)  City & State

Did you Graduate? If so what year?

Degrees, Licenses, or Certificates Earned:

What other education or training have you had? Describe type, source, and dates:

What job skills do you possess?

**IV. Work Experience**

1.) Employer  Dates:

Address:  Work Performed:

Job Title  Salary:

Supervisor

Reason for leaving

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2.) Employer  Dates:

Address:  Work Performed:

Job Title  Salary:

Supervisor

Reason for leaving

3.) Employer	<input type="text"/>	Dates:	<input type="text"/>
Address:	<input type="text"/>	Work Performed:	<input type="text"/>
Job Title	<input type="text"/>	Salary:	<input type="text"/>
Supervisor	<input type="text"/>		
Reason for leaving	<input type="text"/>		

4.) Employer	<input type="text"/>	Dates:	<input type="text"/>
Address:	<input type="text"/>	Work Performed:	<input type="text"/>
Job Title	<input type="text"/>	Salary:	<input type="text"/>
Supervisor	<input type="text"/>		
Reason for leaving	<input type="text"/>		

**V. References**

Please list below, three **employment references** that we may contact for the purpose of obtaining information relating to your previous employment. You may provide education or personal references if not previously employed.

1. Name & Position	<input type="text"/>	Telephone Number	<input type="text"/>
Address	<input type="text"/>	Organization	<input type="text"/>
2. Name & Position	<input type="text"/>	Telephone Number	<input type="text"/>
Address	<input type="text"/>	Organization	<input type="text"/>
3. Name & Position	<input type="text"/>	Telephone Number	<input type="text"/>
Address	<input type="text"/>	Organization	<input type="text"/>

**VI. Authorization and Acknowledgement**

I hereby certify that all answers given and statements made are true and correct. I hereby give **Edmonton State Bank** the right to make a thorough investigation into my previous employment, education, and references. I hereby give **Edmonton State Bank** consent to obtain a criminal and credit check. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. If hired, I understand that my employment is at will and constitutes no expressed or implied contract. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

## Voluntary Applicant Survey

Applicants are considered for employment without regard to race, color, age, religion, sex, national origin, marital status, veteran's status, citizenship status, disability, genetic information, or any other category protected by federal, state, or local statute. As a government contractor we are committed to compliance with applicable government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other requirements, we ask that you assist us by completing this Voluntary Applicant Survey. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File.

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Position(s) applied for:

Date:

Name:

Advertisement  Employee  Friend

Employment Agency  Other

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Submission of this information is voluntary.

Check one:

Male  Female

Check one of the following:

White

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

Asian

American Indian or Alaska Native

Two or More Races

### Invitation To Self-Identify As Protected Veteran

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.

**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.

Our company is committed to providing equal employment opportunity for veterans and maintains an affirmative action plan (AAP) for this purpose. That AAP includes elements to further this aim, such as a: policy statement; review of personnel processes; review of physical and mental job qualifications; commitment to reasonable accommodation; prohibition on harassment; outreach and recruitment activities; internal and external dissemination of policy; audit and reporting; accountability for implementation, and training.

I identify as one or more of the classifications of protected Veteran listed above.

I am not a protected Veteran

I prefer not to self identify

Name: \_\_\_\_\_

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



**Below is a summary of your rights under the Fair Credit Reporting Act. Please read, and retain the following two (2) pages. (page 7 and 8 of this application). Sign page three (3) (page 9 of this application) and return along with the rest of this application.**

**Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit). **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**

**Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

I acknowledge receipt of the preceding two (2) pages, "**Summary of your Rights under the Fair Credit Reporting Act**".

Signature

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# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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. 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](http://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.

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
- 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
- Epilepsy
- Schizophrenia
- Muscular dystrophy
- Missing limbs or partially missing limbs
- 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 1/31/2017  
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### 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.

<sup>1</sup> 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](http://www.dol.gov/ofccp).

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