

First National Community Bank – Application of Employment
Locations: New Richmond, Hudson, Somerset, Dresser, WI

Date: _____

Legal Full Name _____

Present Address _____

City, State, Zip Code _____

Telephone Number: _____ Social Security Number: _____

Position(s) Applied for _____

Salary Expectations \$ _____ Full-Time Part-Time On-Call/Casual

Available start date: _____ Member FDIC

Were you referred to us by a current employee? Yes No

Employee Referral Name _____

Have you been employed with FNCB previously? Yes No

Have you previously applied for a position with FNCB? Yes No

Education

School	Name/Address	Did you Graduate?	Degree or Diploma
High School		Yes	
		No	
College/Undergrad		Yes	
		No	
Graduate School		Yes	
		No	
Other (Specify)		Yes	
		No	

List courses you have completed or are currently taking that will help FNCB in evaluating your qualifications for the position you are applying for.

Course	Dates Enrolled	School/Other	Describe Content	Grade
	From:			
	To:			
Course	Dates Enrolled	School/Other	Describe Content	Grade
	From:			
	To:			

General Information

List relevant scholastic honors, offices held, and relevant activities in high school or college:

List your activities, skills, and aptitudes that you believe would reasonably bear on your qualification for the position you are applying for at FNCB. (You may wish to include civic and community activities, professional societies relating to the specific position for which you are applying, special training or skills such as typing, accounting/bookkeeping, computer skills, other):

List below all present and past employment, beginning with your most recent position:

<u>Dates Employed</u>	<u>Name & Address of Employer</u>	<u>Position(s) Held</u>	<u>Reason for Leaving</u>
From:			
To:			
Currently Employed? Yes No			
<u>Dates Employed</u>	<u>Name & Address of Employer</u>	<u>Position(s) Held</u>	<u>Reason for Leaving</u>
From:			
To:			
Currently Employed? Yes No			
<u>Dates Employed</u>	<u>Name & Address of Employer</u>	<u>Position(s) Held</u>	<u>Reason for Leaving</u>
From:			
To:			
Currently Employed? Yes No			
<u>Dates Employed</u>	<u>Name & Address of Employer</u>	<u>Position(s) Held</u>	<u>Reason for Leaving</u>
From:			
To:			
Currently Employed? Yes No			

Have you ever been convicted of a criminal offense? Yes No

(NOTE: A conviction does not automatically disqualify an applicant from employment. The nature of the conviction will be considered in accordance with the law). If the answer is "Yes", then for each such conviction, indicate (a) the date(s) of the conviction, (b) the nature of the offense, (c) the penalty imposed, (d) whether the offense involved a financial institution, and (e) the circumstance involved. Exclude any arrest(s), acquittal(s), conviction(s) reversed on appeal, conviction(s) that have been completely expunged, and/or any judgement(s) against you by a court as a "youthful offender" or "juvenile delinquent".

Do you have any criminal charges pending against you? Yes No

(NOTE: A pending charge does not automatically disqualify an applicant from employment. The nature of the charge(s) will be considered in accordance with law). If the answer is yes, indicate the pending charge(s) and surrounding circumstances:

Have you entered into a pretrial diversion or similar program relating to any criminal offense? ("program entry")? Yes No

(NOTE: For purposes of this inquiry, "program entry" is defined as suspension or eventual dismissal of charges or criminal prosecution upon agreement to enter into treatment, rehabilitation, restitution, or other noncriminal or non-punitive alternatives. Entry into such a program does not automatically disqualify an applicant from employment. The nature and date of the program are important.)

For each such "program entry", indicate (a) the date(s) you entered into the program, (b) the nature of the offense, (c) whether you completed the required treatment, rehabilitation, restitution, or other alternatives, (d) the ultimate disposition of the charges, and (e) the circumstances involved. Exclude any program entries prior to November 29, 1990.

Has a surety bond ever been refused to you? Yes No

For a position for which a surety bond is a requirement: If yes, indicate when and the surrounding circumstances:

Professional/Personal References

<u>Name</u>	<u>Occupation</u>	<u>Phone Number</u>	<u>Relationship</u>

Member FDIC
AGREEMENT

PLEASE READ BEFORE SIGNING. If you have any questions regarding this agreement, please ask them of a personnel officer before signing.

In order that First National Community Bank ("FNCB") may arrive at an employment decision, I understand that FNCB may do any or all of the following, and I here-by consent to the same:

1. Investigate all statements contained in this application for employment
2. Request that I be fingerprinted
3. Conduct a criminal background check
4. Conduct a credit background check
5. Check references

I understand that if I receive an offer of employment, I may be required to undergo a pre-employment medical examination conducted by a doctor of FNCB's choice, and to submit to drug screening. I also understand that my employment may be conditioned on the results of that examination and screening.

If employed, as a condition of continued employment, I agree to submit to drug screenings at the request of FNCB or in accordance with FNCB's policies. I understand that failure to cooperate with the testing may be grounds for dismissal.

In the event that I am employed by FNCB:

- I will comply with all rules and policies of FNCB, including a request for a current personal photograph meeting FNCB's specifications
- I understand that my employment can be terminated at any time, with or without cause, either at my option or that of FNCB; I understand that no personnel recruiter, interviewer, or other representative of FNCB other than the President has any authority to enter into agreement for employment for any specified period of time; I also understand that any

employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract or contrary to at-will employment status.

I certify that the answers and information given in this employment application are true and correct to the best of my knowledge. I agree that false or misleading information I my application or interviews may disqualify me from consideration, or, if I am hired, may be grounds for discharge from employment.

Date:

Signature: _____

First National Community Bank is an equal opportunity employer. FNCB does not discriminate in hiring or employment on the basis of race, color, creed, national origin, marital status, sex, sexual orientation, religion, ancestry, age, disability, veteran status, arrest or conviction record (except as permitted by law), or any other applicable protected classification. It is the FNCB's policy to comply with all laws prohibiting discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. One of the factors in determining whether an applicant will be employed is that the FNCB, at its own expense, arranges for a surety bond for its employees who are required by law to be bonded. Unless the applicant's background is acceptable to a surety company, FNCB may be unable to offer employment.

Applications will be considered for a 60 day period following submission. Applicants should complete an updated application if not contacted and/or hired during the 60 day evaluation period.

**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 this report. By signing and completing the information below, you are giving consent to First National Community Bank to obtain a copy of a consumer report.

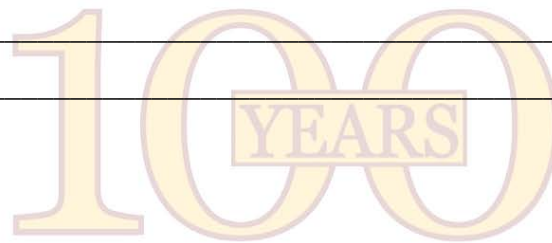


Date Signed:

Print Full Legal Name: _____

Full Legal Signature: _____

Financial Institution Name and Address:



Authorization of Background Investigation

If offered a position at First National Community Bank, my signature below indicates authorization to obtain criminal, consumer, and/or investigative consumer reports about me from a consumer reporting agency in considering me for hiring or for other employment purposes. I agree that, if employed with FNCB, this authorization will remain in effect throughout the term of my employment or to the extent allowed by law.

California, Minnesota, and Oklahoma Applicants/Employees Only: Please check this box if you would like a free copy of the consumer or investigative consumer report prepared on you:

Yes No If Yes, would you like your copy sent via email for faster delivery?

Email address: _____

PERSONAL DATA NEEDED FOR BACKGROUND CHECK – PLEASE COMPLETE THE FOLLOWING:

Full Legal Name _____

Street Address _____

City, State, Zip Code _____

Phone number _____ Date of Birth _____

Social Security Number _____

Driver's License Number _____

State of License _____

List any other cities and states in which you have lived during the last 7 years:

Dates	City	State
From: To:		
From: To:		
From: To:		
From: To:		

List any other LAST NAMES you have used during the previous 7 years and/or for higher education:

Equal Employment Advisory Council
Revised Alternative “Suggested Employee Questionnaire”
for Self-Identification of Race/Ethnicity

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. 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 federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** 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:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

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.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
- 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

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

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.