



ONE
COMMUNITY
BANK

One Community Bank
733 N. Main St.
Oregon, WI 53575
608-835-3168 608-835-7106

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

To Applicant: We deeply appreciate your interest in working for One Community Bank and thank you for taking the time to complete this application. One Community Bank is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation, veteran status and participation in union activities or the presence of any non-job-related medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. The Fair Credit Reporting Act imposes restrictions with respect to credit data. The application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed.

Please contact the Talent Team at HR@onecommunity.bank if you need an accommodation to participate in the application process.

Personal Information

Today's Date: _____

First Name	Last Name	Middle	
Home Address	City	State	Zip
Daytime Phone	Evening Phone	Email Address	

Position You Are Applying For:

Position Title: _____ Salary Requirement: _____

When can you start? _____

How did you hear of the position? _____

If you were referred to us by an employee, please provide their name: _____

What type of employment are you seeking?

☐ Full Time ☐ Part Time ☐ Temporary

Are you presently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No If yes, please explain below:

Have you worked or attended school under any other names? ☐ Yes ☐ No If yes, give names:

General Information

Please provide additional information or explanation in the space provided at the end of this section.

1. Have you ever applied for a position with One Community Bank in the past? If yes, please give the date of application and position for which you applied. State your name at that time, if different from present name. ☐ Yes ☐ No

2. Have you ever been employed by One Community Bank in the past? If yes, please give dates of employment, position held, and state your name while employed if different from present name. ☐ Yes ☐ No

3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? If no, please explain. ☐ Yes ☐ No

4. Do you have any commitments to another employer that might affect your employment with One Community Bank? If yes, please explain: ☐ Yes ☐ No

5. If hired, can you furnish proof that you are 18 years of age, or, if under 18 years of age, do you have a permit to work? If no, please explain. ☐ Yes ☐ No

6. If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documents needed to prove eligibility to work in the U.S., we will explain the legal requirements.) If no, please explain. ☐ Yes ☐ No

7. Do you now, or will you in the future, require One Community Bank to sponsor an employment visa for your continued employment? ☐ Yes ☐ No

8. Have you been convicted of a felony, or released from prison in the past 20 years? Note: A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain. ☐ Yes ☐ No

9. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping the charge)? Note: A "yes" answer will not automatically disqualify you from employment. If yes, please explain. ☐ Yes ☐ No

Please provide additional information or explanation requested above and reference the question number in your information or explanation.

Education

High School				
Name		City		State
Did you graduate?	☐ Yes	☐ No	Highest Level Completed: Fr So Jr Sr	
Undergraduate College				
Name		City		State
Did you graduate?	☐ Yes	☐ No	Number of Years Completed: 1 2 3 4	
Degree Earned:				
Subjects studied:				
Graduate College				
Name		City		State
Did you graduate?	☐ Yes	☐ No	Number of Years Completed: 1 2 3 4	
Degree Earned:				
Subjects studied:				
Business or Technical School				
Name:		City		State
Did you graduate?	☐ Yes	☐ No	Number of Years Completed: 1 2 3 4	
Degree Earned:				
Subjects studied:				

Additional JOB-RELATED seminars, short courses, workshops, or other educational experiences:

JOB-RELATED certificates, licenses, equipment qualified to operate, computer hardware and software operated:

Special Skills:

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

For Driving Jobs Only:

Do you have a valid driver license? ☐ Yes ☐ No

Driver License Number: _____

Class of License: _____

Have you had your driver license suspended or revoked in the last three years?

If yes, give details:

Work History

List names of employers with present or last employer listed first. Account for all periods of time, including military service and any unemployment period of more than one month. If self-employed, give firm name and supply business references. Provide telephone numbers and names of individuals to contact.

Name, Address, and Type of Business	From (month/year)	To (month/year)	Starting Salary	Ending Salary	Position Title:
			/	/	
	Describe the work you did:				
Reason for Leaving:					
Name of Supervisor:					
Telephone:		May we contact? Yes No			

Name, Address, and Type of Business	From (month/year)	To (month/year)	Starting Salary	Ending Salary	Position Title:
			/	/	
	Describe the work you did:				
Reason for Leaving:					
Name of Supervisor:					
Telephone:		May we contact? Yes No			

Name, Address, and Type of Business	From (month/year)	To (month/year)	Starting Salary	Ending Salary	Position Title:
			/	/	
	Describe the work you did:				
Reason for Leaving:					
Name of Supervisor:					
Telephone:		May we contact? Yes No			

Name, Address, and Type of Business	From (month/year)	To (month/year)	Starting Salary	Ending Salary	Position Title:
			/	/	
	Describe the work you did:				
Reason for Leaving:					
Name of Supervisor:					
Telephone:		May we contact? Yes No			

OTHER JOB-RELATED EXPERIENCE. Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects or in school organizations or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied and have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability, or other personal traits that you prefer not to disclose.) Please add any additional information (except that which identifies your race, sex, age, religion, national origin, disability, or other non-job-related personal information) that you think may be relevant to a decision to hire you.

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Professional References:

Give three references, not relatives or former employers.

Name and Occupation	Address	Phone	Email

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I CERTIFY that all information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I agree to immediately notify One Community Bank if I should be convicted of a felony or any crime involving dishonesty or breach of trust while my job application is pending or during my period of employment, if hired.

I AUTHORIZE any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide One Community Bank with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to perform the essential function of the work for which I am applying (with or without a reasonable accommodation).

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND that if my employment is terminated by One Community Bank for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment nor engage in sales, investments, or other activities that create a conflict of interest with the company.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT IF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature: _____

Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

AUTHORIZATION TO OBTAIN CREDIT REPORT AND OTHER CONSUMER REPORT INFORMATION FROM AN OUTSIDE SOURCE
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By signing below, I hereby Authorize, One Community Bank or any of its affiliates or subsidiaries, (employer) to utilize the services of an outside agency to make an investigation of my personal employment history, education and financial and credit records. I understand that these investigations will include information of public record, which could include, but not limited to, DMV records, civil and criminal court records; county, state and federal tax liens; notices of default and bankruptcies, and other records as may be appropriate. Previous employment references, educational degrees, and professional references will also be verified.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have the right to make written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation and for a written summary of my rights under the Fair Credit Reporting Act.

I further understand that Information from such reports may be used by the employer in making a decision regarding my employment. Information obtained from such sources shall remain confidential and will only be used by One Community Bank or any of its affiliates or subsidiaries.

Yes _____
Signature and Date

No _____
Signature and Date

WAIVER AND AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

To the Applicant: This form must be filled out completely. Leave no blanks. Direct any questions to the employment office.

READ ALL INFORMATION CAREFULLY BEFORE SIGNING. I hereby represent to: One Community Bank that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Yes

Signature and Date

No

Signature and Date

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person

PLEASE PRINT CLEARLY

Name Last	First Name	Middle
Other Names Used - include maiden name, aliases, and nick names		
Address		
City	State	Zip
Telephone	Social Security Number	Date of Birth
Driver's License Number	Type	State

Signature: _____

Date: _____

One Community Bank
INVITATION TO IDENTIFY
APPLICANTS

One Community Bank is an equal opportunity and affirmative action employer and subject to governmental record keeping and reporting requirements. To comply with these requirements, and ensure accurate reporting, we invite you to voluntarily self-identify information requested below.

PROVIDING THIS INFORMATION IS STRICTLY VOLUNTARY. IF YOU DO NOT TO PROVIDE IT, THERE WILL BE NO ADVERSE EFFECT ON YOUR CONSIDERATION FOR EMPLOYMENT. ANY INFORMATION YOU PROVIDE WILL BE HELD CONFIDENTIAL.

Name: _____ **Date:** _____

Position Applied for: (List one only) _____

Referral Source (Ad, Employee Referral, etc.) _____

Gender: ☐ **Male** ☐ **Female**

Are you Hispanic or Latino? ☐ **Yes** ☐ **No** (If yes, do not check a race category)

(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Race: (Please check only one race category)

☐ **Caucasian (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 original 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, 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 maintains tribal affiliation or community attachment

☐ **Two or More Races (Not Hispanic or Latino)** All persons who identifies with more than one of the above five races

One Community Bank is an equal opportunity and affirmative action employer and considers all applicants for employment based on non-discriminatory, job-related factors.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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.

For Employer Use Only

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

For example:

Job Title: _____ Date of Hire: _____

One Community Bank

Applicant invitation to Self-Identify Veteran Status

One Community Bank 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 protected veterans. Protected veteran classifications are shown below:

1. 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.

2. 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.

3. 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.

4. 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 protected veteran categories shown 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.

Please check one of the following boxes:

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF ROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse employment decisions. The information provided will be held confidential and used only in ways that are not inconsistent with VEVRAA, as amended.

One Community Bank maintains an affirmative action program which outlines equal opportunity and affirmative action activities for protected veterans, including outreach recruitment and benchmark monitoring practices.

Applicant Name

(Shall be accepted as Applicant's Signature)

Today's Date