

Thank you for your interest in joining our team!

Attached is an application. For questions, please email

employment@chippewavalleybank.com

Applications must be submitted via email.

Drop-off or in person applications are not permitted.

Our HR department will be in touch.

Thank you!

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

APPLICATION FOR EMPLOYMENT

With

(The "Company")
An Equal
Opportunity Employer

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

This application will be held in the active file for _____ days. If you wish to be considered after that date, please recontact us.

(PLEASE PRINT PLAINLY)
PERSONAL

Date _____

Name _____
Last
First
Middle
Telephone No. _____

Present Address _____
No.
Street
City
State
Zip

Please list any previous name(s) used at former employers or schools _____

Are you legally eligible for employment in the U.S.A.? _____ (If you are hired, federal law requires that you provide documentation of your identity and eligibility for employment and that you attest to your eligibility for employment).

If you are under age 18, state your age _____.

Position(s) applied for _____

Hours desired Full-Time _____ Part-Time _____ (indicate number of hours desired)

Have you been employed here previously? Yes No Have you ever applied here before? Yes No

If you are offered employment, on what date will you be available for work? _____

The Company is an equal opportunity employer. The Company does not discriminate in hiring or employment on the basis of race, color, creed, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, age, disability, veteran status, arrest or conviction record (except as permitted by law), or any other applicable protected classification. It is the Company'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 Company, 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, the Company may be unable to offer employment.

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree	Grade Point Average
			9	10	11	12			
High							<input type="checkbox"/> Yes <input type="checkbox"/> No		
College							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No		

List courses you have completed in the last _____ years or are currently taking that will aid the Company in evaluating your qualifications for the position you are applying for. Use additional space if necessary. (Example: If applying for a clerical position, note training such as word processing, other computer skills, etc.) Please include grade or other indicator of achievement.

COURSE	SCHOOL OR OTHER SPONSOR OF COURSE	DESCRIBE MAJOR CONTENT OF COURSE	GRADE

GENERAL INFORMATION

(Note: When completing this application, your responses to inquiries about organizations and activities should not be revealing as to race, color, creed, national origin, age, religion, marital or veteran status, sexual orientation, gender identity, disability, ancestry, or other protected classification.)

List relevant scholastic honors, offices held, and relevant activities:

List your activities, skills and aptitudes that you believe would reasonably bear on your qualification for the position you are applying for at the Company. (You may wish to include civic and community activities, professional societies relating to the specific position for which you are applying, and special training or skills such as accounting/bookkeeping, computer skills, or other skills.) If you need more space, please continue on a separate sheet.

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 law.) If the answer is "yes," then for each such conviction, indicate (a) the date(s) of conviction, (b) the nature of the offense, (c) the penalty imposed, (d) whether the offense involved a financial institution, and (e) the circumstances involved. Exclude any arrest(s), acquittal(s), conviction(s) reversed on appeal, conviction(s) that have been completely expunged, and/or any adjudgment(s) against you by a court as a "youthful offender" or "juvenile delinquent."

Do you have any criminal charges pending against you? _____

(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 nonpunitive alternatives. Entry into such a program does not automatically disqualify an applicant from employment. The nature and date of the program will be considered in accordance with law.)

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: _____

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

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	EXACT REASON FOR LEAVING
From:			
To:			
	Telephone:	Supervisor:	May we contact them?
From:			
To:			
	Telephone:	Supervisor:	May we contact them?
From:			
To:			
	Telephone:	Supervisor:	May we contact them?
From:			
To:			
	Telephone:	Supervisor:	May we contact them?

If you need more space to list all of your present and past employment, please continue on a separate sheet.

PERSONAL REFERENCES
(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number	No. of years you have known reference

ACKNOWLEDGMENT AND CONSENT

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

In order that the Company may arrive at an employment decision, I understand that the Company may do any or all of the following, and I hereby 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 and/or credit background check in compliance with state and federal law.
4. Check all 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 the Company'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 the Company or in accordance with the Company's policy. I understand that failure to cooperate with the testing may be grounds for dismissal.

In the event that I am employed by the Company:

I understand that my employment can be terminated at any time, with or without cause, either at my option or that of the Company; I understand that no personnel recruiter, interviewer or other representative of the Company other than the President has any authority to enter into any 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 given or material omissions of information in my application or interviews may disqualify me from consideration, or, if I am hired, may be grounds for discharge from employment.

Date Signature

FOR COMPANY USE ONLY (To be filled in AFTER applicant is hired or refused employment)

Date employment offered _____ Date accepted _____ Date refused _____

Date employed _____ Exempt Non-exempt

Department _____

Job Title _____ Work Schedule (Hrs., Days, etc.) _____

Job No. _____

Former Name _____

In case of accident or other emergency who is the first person we should contact?

Name _____ Relationship _____ Telephone _____
(Home) (Business) (cell)

Address _____
(Number) (Street) (City) (State)

Address _____
(Place of Work) (City) (State)

How to sign the application

On a computer:

Save the file Fill & Sign

Sign yourself/ add signature Save

Attach to an email to send back

On an iPhone: (without a pdf app)

Open PDF/file

Fill out all info

To Sign; Save as (top right) Mark up

Sign with finger

Save File to

Save - PDF will update in email attachment

CHIPPEWA VALLEY BANK
CONFIDENTIAL INFORMATION VOLUNTARY SURVEY
SELF-IDENTIFICATION FORM
(New Hires/Current Employees)

Chippewa Valley Bank is an Equal Opportunity Employer. Applicants and Employees are treated during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with governmental records keeping, reporting and other legal requirements, we request that you fill out the Self-Identification Form. We appreciate your cooperation. This data is for periodic government reporting and affirmative action purposes, and will not become part of your employment file or application, nor will it be used as a basis for any personnel action. Your cooperation is voluntary.

Name: _____ Date: _____

Position Applied For (if applicant): _____

Referral Source:

- | | | |
|------------------------|-----------------|------------------------------|
| Advertisement | Friend/Relative | Veteran Service Organization |
| Government Job Service | Walk-In | Other |

Various government agencies request statistical information regarding our hiring practices. Submission of this information is **CONFIDENTIAL**. Your decision to provide the information will not result in any adverse treatment. **SUBMISSION OF THE INFORMATION REQUESTED BELOW IS STRICTLY VOLUNTARY.**

Check One:

- | | |
|------|--------|
| Male | Female |
|------|--------|

Check one of the following Race/Ethnic Groups:

- | | |
|--------------------|-------|
| Hispanic or Latino | Other |
|--------------------|-------|

If other, check one of the following Race/Ethnic Groups:

- | | |
|--------------------------------|---|
| White | Black/African American |
| Asian | Two or more Races |
| Native American/Alaskan Native | Native Hawaiian or Other Pacific Islander |

- | | | |
|---|-----|----|
| 1. A Disabled Veteran | YES | NO |
| 2. An Armed Forces Service Medal Veteran | YES | NO |
| 3. A Recently Separated Veteran | YES | NO |
| 4. An Active Duty Wartime or Campaign Badge (Other Protected) Veteran | YES | NO |
| 5. A Disabled Individual | YES | NO |

_____ **I decline to provide this information.**

Signature: _____ Date: _____

APPLICANT'S DISCLOSURE & AUTHORIZATION FOR BACKGROUND SCREENING

Applicant Name (First, Middle Last) Date of Birth Social Security Number Male/Female

Aliases/Previous Name(s) Current Address City State Zip Code

Driver's License # State Prospective Employer

DISCLOSURE AND AUTHORIZATION

NOTICE REGARDING BACKGROUND INVESTIGATION

DYNAMIS ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, social networks (i.e. Facebook, Twitter), drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agencies. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout the duration of your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Attorney's Process & Investigations Services, Inc., 1039 West Mason Street, Green Bay, WI 54303, 800-236-5202 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: If you would like to receive a copy of a consumer report if one is obtained by the Company, please initial here _____

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. If you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law, please initial here _____

APPLICANT

Signature: _____ Date: _____

Print Name: _____