



FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

## APPLICATION FOR EMPLOYMENT

With  
**Woodford State Bank**

(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 365 days. If you wish to be considered after that date, please recontact us.**

(PLEASE PRINT PLAINLY)  
**PERSONAL**

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip

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 \_\_\_\_\_, and whether you can provide a work permit \_\_\_\_\_.

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

If your application is considered favorably, 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, 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 or are currently taking that will aid the Company in evaluating your qualifications for the position you are applying for. Use additional sheets if necessary. (Example: If applying for a clerical position, note training such as word processing or other computer skills, bookkeeping.) Please include grade or other indicator of achievement, such as words per minute typed.

COURSE	DATES ENROLLED IN COURSE	SCHOOL OR OTHER SPONSOR OF COURSE	DESCRIBE MAJOR CONTENT OF COURSE	GRADE
	FROM TO			
	FROM TO			
	FROM TO			
	FROM TO			

**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, disability or ancestry.)**

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

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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, special training or skills such as typing, accounting/bookkeeping, shorthand, computer skills, word processing or other skills.) If you need more space, please continue on a separate sheet.

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

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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:

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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 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.

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Has a surety bond ever been refused to you? \_\_\_\_\_ 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	SALARY	EXACT REASON FOR LEAVING
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			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

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 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.
4. Conduct a credit background check.
5. 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:

- 1. I will comply with all rules and policies of the Company, including a request for a current personal photograph meeting the Company's specifications; and
2. 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 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 Date of Birth Exempt Non-exempt

Department Social Security No.

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

Job No.

Maiden Name

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

Name Relationship Telephone (Home) (Business)

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

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

W.B.A. 350A (3/24/14)

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VOLUNTARY SELF IDENTIFICATION - PRE-OFFER APPLICANTS

(For use beginning with the first affirmative action cycle after 3/24/14)

As an employer, we comply with laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race, ethnicity or veteran status. 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 laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

NAME: (Please print)

DATE:

POSITION FOR WHICH YOU ARE APPLYING:

REFERRAL SOURCE:

SEX CLASSIFICATION

Male Female

ETHNICITY INFORMATION

Are you Hispanic or Latino? Yes No. If you answered yes, please do not complete the Race Information below. (Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

RACE INFORMATION Please check one category only:

- 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, 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.

VETERAN INFORMATION

Veteran classifications for affirmative action purposes 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.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
I AM NOT A PROTECTED VETERAN.

Date Signature

We are an equal opportunity and affirmative action employer and consider all applicants for employment based on non-discriminatory job-related factors.

**DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR  
INVESTIGATIVE CONSUMER REPORT**

Company Name: Woodford State Bank

In connection with your application and/or employment with above listed Company (hereinafter "the Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report," as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, workers' compensation claims (post job offer or conditional job offer), verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. 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 to the Company and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see [www.nationalcrimesearch.com](http://www.nationalcrimesearch.com). The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow the Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. The Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of the Company.

**Acknowledgement and Authorization**

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by the Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Full Legal Name (please print)

\_\_\_\_\_  
Other or Former Names (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth\*\*

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Name on Driver's License (if different from legal name)

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State issued

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
E-mail address

\*\*This information will be used for background screening purposes only and no other purpose.

## State Disclosures

**Minnesota & Oklahoma applicants or employees only:** Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Company. By checking "yes", a copy will be provided to you at the address you provide on this notice. I would like to receive a copy of my consumer report: ( ) Yes ( ) No

**New York applicants or employees only:** Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing the Disclosure and Authorization.

**Washington State applicants or employees only:** Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosures to consumers (RCW 19.182.070) by contacting National Crime Search, Inc. directly.

**Massachusetts/New Jersey:** If you submit a request to National Crime Search, Inc. in writing, you have the right to know whether the Company ordered an investigative consumer report from National Crime Search, Inc. You may inspect and order a free copy of the report by contacting National Crime Search, Inc. directly.

**California applicants or employees only:** Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Company. By checking "yes" a copy will be provided to you at the address you provide on this Notice.

I would like to receive a copy of my consumer report: ( ) Yes ( ) No

**California applicants or employees only:** You acknowledge receipt of a copy of the summary of the provisions of California Civil Code section 1786.22 by signing the Disclosure and Authorization form.

### CALIFORNIA RESIDENTS

California Residents – this summary of the provisions of California Civil Code section 1786.22 is being provided to you pursuant to state law.

Your employer intends to obtain information about you from an investigative consumer reporting agency, as defined under California law, for employment purposes.

Under California law you are entitled to visually inspect all files maintained about you by an investigative consumer reporting agency (ICRA), such as National Crime Search, Inc., upon request and presentation of proper identification during normal business hours and on reasonable notice as follows:

- In person. You may request a copy of your file. The ICRA may charge you for the actual copying costs associated with providing you with a copy of your file.
- By telephone. A summary of all information contained in the ICRA's file about you will be provided to you via telephone, if you have made a written request for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By certified mail. You may make a written request for copies to be sent to a specified addressee. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If an ICRA is unable to reasonably identify you on the basis of these documents, they may require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

*Para informacion en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 (877) 382-4357

<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group, 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W., Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8<sup>th</sup> Floor Washington, DC 20549</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E., Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>