

APPLICATION FOR EMPLOYMENT

INTERVIEWS SCHEDULED (For Office Use Only)		
DATE	TIME	INTERVIEWER(S)
1.		
2.		
3.		
4.		

DATE: _____/_____/_____

Please Type or Print. In order to be considered for employment, this application must be completed in full even if a resume is attached. Please indicate the specific job title for which you are interested in being considered. Individuals who express an interest in “any” position, or a generic title will not be considered for employment.

PERSONAL DATA

FULL NAME – LAST	FIRST	MIDDLE
PRESENT ADDRESS		
STREET	CITY	STATE ZIP
HOME TELEPHONE	MOBILE PHONE	
Date From:	Date To:	
E-MAIL ADDRESS		
ARE YOU A CITIZEN OF THE U.S. OR CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: New employees will be required to substantiate work eligibility status in compliance with the Immigration Reform and Control Act of 1986.		

GENERAL INFORMATION

POSITION APPLYING FOR AND LOCATION	SALARY REQUIREMENTS	DATE AVAILABLE
WORK STATUS DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER	IF PART TIME, HOURS AVAILABLE	NAMES OF FRIENDS OR RELATIVES IN OUR COMPANY
HAVE YOU EVER APPLIED HERE BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	WERE YOU EVER PREVIOUSLY EMPLOYED HERE OR WITH ANY OF OUR OTHER COMPANIES <input type="checkbox"/> YES NO
REFERRAL SOURCE (please check all that apply)	<input type="checkbox"/> Website <input type="checkbox"/> Advertisement (Please list source) _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Referred by _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Other	
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN Offense: _____ Month/Year: _____ County: _____ Employment is contingent upon eligibility for bonding.	

If hired, do you expect to have additional jobs elsewhere?

This company practices equal employment opportunity. We do not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, gender bias, gender identity, disability, or status as a disabled or Vietnam era veteran. This form is designed to secure information that is job related; no question in this application form is intended to secure information that will be used for any unlawful or discriminatory purpose.

EDUCATION

	Name, Address, City, State, and Zip	Major Field	Did you Graduate? (If Yes-Year of Graduation)	Type of Degree	# of Years Attended
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year:		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Year:		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year:		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No Year:		

WORK HISTORY

BEGIN WITH MOST RECENT EMPLOYER

1. EMPLOYER	DATES	DATES	NAME EMPLOYED UNDER
	From (Mo/Day/Yr)	To (Mo/Day/Yr)	
ADDRESS			POSITION TITLE
CITY, STATE AND ZIP			DUTIES
PHONE NUMBER	SALARY Starting	SALARY Final	
IMMEDIATE SUPERVISOR			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	WEEKLY SCHEDULED HOURS		
2. EMPLOYER	DATES	DATES	NAME EMPLOYED UNDER
	From (Mo/Day/Yr)	To (Mo/Day/Yr)	
ADDRESS			POSITION TITLE
CITY, STATE AND ZIP			DUTIES
PHONE NUMBER	SALARY Starting	SALARY Final	
IMMEDIATE SUPERVISOR			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	WEEKLY SCHEDULED HOURS		
3. EMPLOYER	DATES	DATES	NAME EMPLOYED UNDER
	From (Mo/Day/Yr)	To (Mo/Day/Yr)	
ADDRESS			POSITION TITLE
CITY, STATE AND ZIP			DUTIES
PHONE NUMBER	SALARY Starting	SALARY Final	
IMMEDIATE SUPERVISOR			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	WEEKLY SCHEDULED HOURS		

Use this space to describe any volunteer experience, skills or special training, educational honors; extracurricular activities; professional societies or other information you wish considered (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

COMPUTER AND OFFICE SKILLS

SOFTWARE EXPERIENCE:

- Excel Outlook
 - Power Point Word
 - Internet Publishing Software _____
 - Office Machines (list all that apply)
 - Other _____
- Typing Speed _____ (wpm)
 - Keypunch Speed _____ (wpm)
 - 10 key ___ touch ___ sight
 - Proof Machine _____ (items/hour)

PROFESSIONAL REFERENCES

Please provide at least two business or professional references.

NAME	TITLE	COMPANY NAME & ADDRESS	TELEPHONE	E-MAIL

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.

I authorize the references listed in this Application, including personal and employment references, to provide you with all information pertinent to this Application and I release all parties from liability for any damages that may result from the release of any information as part of the employment verification process. In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. I authorize the Company to conduct a credit check with any consumer reporting agency on my credit record for employment evaluation only. I understand the Company may perform criminal background checks on all potential new hires prior to offering employment to an applicant and that if such background check reveals a criminal charge or conviction, Company may choose not to hire me. If my employment with Company requires a current, unrestricted driver's license, I authorize Company to obtain information from the Iowa Department of Transportation verifying that I have a current, unrestricted driver's license. Additionally I authorize the Company, in consideration for the Company's review of this application, to supply employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. Further, I understand that Iowa is an employment-at-will state, as such; my employment may be ended by either me or my employer at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, and that, if employed, my employment is at-will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same rights.

I understand and agree that upon the event of employment, I will be expected to be candid and to cooperate fully with any and all investigative efforts undertaken by the Company to resolve any customer or monetary transactions.

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

SIGNATURE OF APPLICANT	DATE
------------------------	------

A Summary of Your Rights Under the Fair Credit Reporting Act

Applicants-Please Retain This Section For Your Records

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA at www.ftc.gov/os/statutes/fcra.htm, 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
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 Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
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 Programs Washington D.C. 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 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
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

Ogden BancShares, Inc. and its subsidiary companies are an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	____ / ____ / ____
Position applied for	

Section 2: Please check (4) all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status			
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran **Other <input type="checkbox"/> Individual with Disabilities			
<input type="checkbox"/> I do not wish to Self-Identify		Signature _____			
How did you hear of our opening?					
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below:					
For Human Resources Use Only:		Requisition #		Job Group	

[**Editors note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:

(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis:

1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

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

White (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 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.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran

Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.