



**APPLICANT INFORMATION**

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Social Security Number			Position Desired			Location Desired	
Date Available			Hours Desired per Week			Desired Salary	
How were you referred?	<input type="checkbox"/> River Bank Website	<input type="checkbox"/> Referred by:				<input type="checkbox"/> Indeed	<input type="checkbox"/> Newspaper <input type="checkbox"/> Other
Days/Hours Available							
Are you authorized to work lawfully in the United States for River Bank?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you now or in the future require River Bank to commence ("sponsor") an immigration case in order to employ you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for River Bank?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes,	Location:	Dates:		
Reason for Leaving:							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

**EDUCATION**

<b>High School</b>		Address					
	<i>Graduate:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major			
<b>College</b>		Address					
	<i>Graduate:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major			
<b>Other</b>		Address					
	<i>Graduate:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major			

**REFERENCES**

*Please list three professional references.*

<b>Full Name</b>		Relationship					
Company			Phone				
Email Address							
<b>Full Name</b>		Relationship					
Company			Phone				
Email Address							
<b>Full Name</b>		Relationship					
Company			Phone				
Email Address							

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. I authorize River Bank to contact and obtain information from all references (personal and professional) and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
If submitted electronically, I authorize my typed name below to be considered my signature.	
Signature	Date

River Bank is an Equal Opportunity Employer/M/F/Vets/Disability. You will be considered for employment based upon your qualifications for the position for which you have applied. The completed application may be submitted in the following ways:  
*Email:* [application@riverbank.biz](mailto:application@riverbank.biz) *Mail:* 4000 Corporate Drive, Holmen, WI 54636 *Fax:* 608-781-7510  
 If you have any questions, please contact Human Resources at 608-781-9095.

**PRE-OFFER**

**VOLUNTARY SELF IDENTIFICATION FORM**

As a Government Contractor, subject to Executive Order 11246, Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, RIVER BANK ("the Bank") takes affirmative action to actively recruit, employ and advance in employment qualified minorities, females, qualified disabled individuals, Armed Forces service medal veterans, recently separated veterans, qualified disabled veterans and other protected veterans.

The information on this form helps us comply with Federal and State Equal Employment Opportunity requirements and our Affirmative Action Program. Note that the completion of this form is voluntary on your part. Completed forms will be maintained in a file separate from employment applications and will not be used to discriminate against or show preference for any applicant. River Bank will keep such information confidential, except that government officials investigating the Bank for affirmative action compliance may be informed.

If you choose to provide us with this information, you may do so at this time or at any time in the future.

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Name: \_

Soc. Sec. No.: \_\_\_\_\_

Sex:     Male     Female

Please specify your Race/Ethnic classification by first indicating whether you consider yourself to be Hispanic or Latino:

Hispanic or Latino:     Yes     No

If you are not Hispanic or Latino, please check one or more of the following racial categories:

- American Indian / Alaskan Native (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- White (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)

For information regarding the definitions of the foregoing racial/ethnicity categories, please see the attached sheet or contact the Bank's Human Resources Department.

Are you an Armed Forces service medal veteran?     Yes     No

Are you an "other protected veteran?"     Yes     No

Are you a recently separated veteran?     Yes     No

If you wish to review River Bank for Savings' Affirmative Action Plan for disabled individuals, disabled veterans, recently separated veterans, Armed Forces Service Medal veterans, and other protected veterans, you may make arrangements with Paula Hilby at (608) 781-9095.

For information regarding definitions of any of the terms above, see the attached sheet or contact the Bank's Human Resources Department.

## RACE/ETHNIC IDENTIFICATION

Race/Ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of record-keeping, an employee may be included in the group to which she/he appears to belong, identifies with, or is regarded in the community as belonging.

The following **race/ethnic groups** are recognized by the EEOC for reporting purposes:

<b>HISPANIC OR LATINO</b>	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<b>ASIAN</b>	(Not Hispanic or Latino) - All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<b>WHITE</b>	(Not Hispanic or Latino) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<b>BLACK OR AFRICAN AMERICAN</b>	(Not Hispanic or Latino) - All persons having origins in any of the Black racial groups of Africa.
<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b>	(Not Hispanic or Latino) - All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>AMERICAN INDIAN OR ALASKAN NATIVE</b>	(Not Hispanic or Latino) - All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.
<b>TWO OR MORE RACES</b>	(Not Hispanic or Latino) - All persons who identify with more than one of the above five races.
<b>ARMED FORCES SERVICE MEDAL VETERAN</b>	Any 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 have a question about whether you meet this definition, please see human resources.
<b>RECENTLY SEPARATED VETERAN</b>	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.
<b>OTHER PROTECTED VETERAN</b>	A person who served on active duty in the U.S. military, ground, naval or air services during a war or in a campaign or expedition for which a campaign badge has been authorized. If you have a question about whether you meet this definition, please see human resources.
<b>DISABLED VETERAN</b>	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.
<b>DISABLED</b>	A disabled individual is defined as any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment, or is regarded as having an impairment. ("Life activities" are those which affect employability, "substantially limits" means the degree that the impairment affects employability.)

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### 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.<sup>1</sup> 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

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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.

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<sup>i</sup> 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](http://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.