

ESB FINANCIAL APPLICATION FOR EMPLOYMENT *EOE/AA/Veterans/Disabled*

INSTRUCTIONS: PLEASE READ CAREFULLY

Each question should be fully and accurately answered. Please print. Incomplete, undated, or unsigned items will delay the processing of your application and may result in your application not being considered. Please fill out completely even if you are providing a resume. We will give your completed application every consideration. However, in accepting it, the Bank makes no commitment of employment to the applicant. This application will remain active in our files for 90 days after which time you will need to submit a subsequent application(s) to be considered for employment.

Referral Source:		Advertisement/Newspaper		ESU/KSU Posting		KansasWorks
	Indeed		Temp Agency		Walk-In	Other
	Employee Referral	Referring Employee's Name:				

1. IDENTIFYING DATA

NAME:

LAST

FIRST

MIDDLE

CURRENT ADDRESS:

NUMBER & STREET

CITY

STATE

ZIP

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?

FORMER ADDRESS:

NUMBER & STREET

CITY

STATE

ZIP

HOME TELEPHONE:

BUSINESS TELEPHONE:

CAN WE CONTACT YOU AT WORK?

YES

NO

ARE YOU AT LEAST 18 YEARS OF AGE?

YES

NO

IF NO, STATE BIRTH DATE:

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?

YES

NO

DATE YOU COULD BE AVAILABLE FOR WORK:

POSITION(S) APPLYING FOR:

HOW MANY HOURS CAN YOU WORK WEEKLY?

CAN YOU WORK NIGHTS?

EMPLOYMENT DESIRED:

FULL-TIME ONLY

PART-TIME ONLY

FULL OR PART-TIME

MINIMUM NUMBER OF HOURS PER WEEK YOU REQUIRE:

DAYS/HOURS AVAILABLE TO WORK

RATE OF PAY DESIRED: \$

NO PREFERENCE

MON

TUE

WED

THU	FRI	SAT	SUN	
WERE YOU PREVIOUSLY EMPLOYED BY US?			YES	NO
UNDER WHAT NAME?				
DATES EMPLOYED:	FROM	TO	LOCATION:	
POSITION HELD:				
SUPERVISOR'S NAME:				
REASON FOR LEAVING:				
NAME AND RELATIONSHIP OF RELATIVES CURRENTLY EMPLOYED BY US:				

2. EDUCATION					
SCHOOL	NAME, CITY, & STATE OF SCHOOL	MAJOR COURSE OF STUDY	CIRCLE HIGHEST YEAR COMPLETED	DIPLOMA, DEGREE, OR CERTIFICATION?	
HIGH SCHOOL			9 10 11 12	YES	NO
GED				YES	NO
VOCATIONAL SCHOOL				YES	NO
COLLEGE			1 2 3 4	YES	NO
				TYPE: HONORS:	
VOLUNTEER EXPERIENCE; OTHER (SPECIFY)					

3. UNITED STATES MILITARY SERVICE RECORD		
ARE YOU A VETERAN OF THE U.S. ARMED FORCES?		
	YES	NO
IF YOU ARE A VETERAN, DID YOU RECEIVE ANY TRAINING WHICH WOULD BE HELPFUL IN THE JOB FOR WHICH YOU ARE APPLYING?		
	YES	NO
IF YES, DESCRIBE:		

4. EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING ANY PERIODS OF UNEMPLOYMENT. (USE ADDITIONAL SHEETS, IF NECESSARY.)

NAME & ADDRESS OF EMPLOYER	EMPLOYED		JOB TITLE			REASON FOR LEAVING	DUTIES & RESPONSIBILITIES
	FROM	TO					
NAME OF SUPERVISOR:			TELEPHONE NUMBER:		YOUR LAST NAME AT TIME OF EMPLOYMENT:		
NAME & ADDRESS OF EMPLOYER	EMPLOYED		JOB TITLE			REASON FOR LEAVING	DUTIES & RESPONSIBILITIES
	FROM	TO					
NAME OF SUPERVISOR:			TELEPHONE NUMBER:		YOUR LAST NAME AT TIME OF EMPLOYMENT:		
NAME & ADDRESS OF EMPLOYER	EMPLOYED		JOB TITLE			REASON FOR LEAVING	DUTIES & RESPONSIBILITIES
	FROM	TO					
NAME OF SUPERVISOR:			TELEPHONE NUMBER:		YOUR LAST NAME AT TIME OF EMPLOYMENT:		
NAME & ADDRESS OF EMPLOYER	EMPLOYED		JOB TITLE			REASON FOR LEAVING	DUTIES & RESPONSIBILITIES
	FROM	TO					
NAME OF SUPERVISOR:			TELEPHONE NUMBER:		YOUR LAST NAME AT TIME OF EMPLOYMENT:		

5. PERSONAL DATA

PERSONAL REFERENCES: LIST BELOW THE NAMES, ADDRESSES, AND PHONE NUMBERS OF TWO PERSONAL REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS.

NAME	ADDRESS	PHONE NUMBER

PROFESSIONAL ASSOCIATIONS TO WHICH YOU BELONG:

READ CAREFULLY BEFORE SIGNING

In signing and submitting this application for employment, I clearly understand and agree:

- (1) that the information contained in this application is complete and true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time, and it will be grounds for refusal to employ me;
- (2) that the references listed above, schools and current and past employers may release any and all information concerning my previous employment and any information they may have, personal or otherwise pertaining to my work record, my work habits, and my work performance, and I release all parties, including Bank from all liability for any damage or claim that may result from furnishing the information;
- (3) that any employee handbook, which I may receive, will not constitute an employment contract, but will be merely a statement of Bank's current policies, which are subject to change without prior notice;
- (4) that Bank reserves the right to: require its employees to submit to blood tests, urinalyses, or other tests for the presence of alcohol or drugs; and require the inspection of bags (including purses or briefcases) or parcels brought into or taken out of Bank. I understand that refusal to submit to a urinalysis, blood test or other tests or to a search, when requested to do so, will result in termination of my employment; and
- (5) I understand and agree that if I am offered employment by Bank my employment will be for no definite term and that either Bank or I will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also agree to conform to the Bank's rules and regulations. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by the President of Bank and me.

DATE _____

SIGNATURE OF APPLICANT _____

PLEASE DO NOT FILL OUT THE FOLLOWING. IT IS FOR BANK USE ONLY.

DATE APPLICATION RECEIVED:		DATE INTERVIEWED:	
INTERVIEWED BY:			
ASSIGNED TO:			
DEPARTMENT OR LOCATION:			
JOB TITLE:		RATE OF PAY:	
STARTING DATE:			
	NEW HIRE	REGULAR	FULL-TIME
	REHIRE	TEMPORARY	PART-TIME

- 7) Please rate yourself on the following with 10 being exceptional and 5 being average. Explain on each if necessary.
- a. Computer skills
 - b. Communication skills
 - i. Written
 - ii. Verbal
 - c. E-mail skills
 - d. Telephone skills
 - e. Customer service skills
 - f. Sales skills
 - g. Accounting and financial skills
 - h. Project management skills
 - i. Attention to detail
 - j. Time management skills
- 8) What have you personally done in the past 3 years to help you grow personally and professionally?
- 9) If you were offered this job, how would you make sure you provided us the best return on investment we make this year?
- 10) Our Mission (our purpose): ***We provide the best banking experience in our communities that we serve and help create success.*** How would you help us achieve our mission?

SELF-IDENTIFICATION FORM (RACE/ETHNIC AND GENDER CLASSIFICATIONS)

To meet government reporting requirements, applicants and employees are requested to answer the questions below. Please note you are not obligated to self-identify, and any information you voluntarily provide will be kept confidential in accordance with appropriate legislation. Any answers provided or refusal to self-identify will not affect hiring decisions or personnel actions.

Personal Information *(Please Print)*

Last Name		First Name	Middle Initial
Street	City	State	Zip
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Specific Job Applied for		

Race/Ethnic Data *(Please check one box only. Do not insert additional groups)*

The following race/ethnic definitions are developed and provided by the Department of Labor.

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - **regardless of race.**
- White** **(not of Hispanic or Latino origin)** Persons having origins in Europe, North Africa or the Middle East.
- Black or African American** **(not of Hispanic or Latino origin)** Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad or the West Indies.
- Asian** **(not of Hispanic or Latino origin)** 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 Alaskan Native** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** **(not of Hispanic or Latino origin)** All persons who identify with more than one of the previous five races.
- Do not wish to identify race** If you do not wish to self-identify race/ethnic background, check the box to the left.

Please sign and date form before submitting.

Signature: _____

Date: _____

Printed Name: _____

VOLUNTARY SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS

Government contractors 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), are required to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications 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.

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 VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO IDENTIFY

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Print Name _____ **Signature** _____

Job Applied for _____ **Date** _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want 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: