

# RIVER BANK

## Employment Application



### 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"/> 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			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major			
<b>College</b>			Address			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major			
<b>Other</b>			Address			
	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	
<p>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.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>If submitted electronically, I authorize my typed name below to be considered my signature.</p>	
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 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. If you choose not to self-identify at this time, the federal government requires River Bank to determine this information by visual survey and/or other available information.

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Name: \_

Date: \_\_\_\_\_

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)
- ☐ Native American or Alaska Native (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  
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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](http://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: