



Human Resources:
10500 E. Berkeley Sq Pkwy, Ste 101
Wichita, KS 67206

EQUAL OPPORTUNITY EMPLOYER

Phone: (316) 719-3838
Fax (316) 719-8993

APPLICATION FOR EMPLOYMENT

Please read before filling out this application.

This employer does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, sexual orientation, transgender status, marital status, ancestry, age, pregnancy or disability. Qualified disabled individuals will be given accommodation for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of the employer's business. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the corporation or any of its affiliates and subsidiaries may request that an investigative consumer report be prepared; which may include information as to your character, general reputation, police record, personal characteristics and mode of living as provided by the Fair Credit Reporting Act of 1970. You have the right to request that the company completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department of this company within a reasonable time after you complete this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer reporting agency supplying the report and you should contact such agency for any further information you desire.

I authorize and direct Vintage Bank Kansas or any of its affiliates and subsidiaries to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further authorize and direct any person or consumer reporting agency to participate in and make such inquiries at the request of such corporation or its affiliates and subsidiaries, and to compile and furnish any information it may have or obtain in response to such inquiries.

Signature: _____ Date: _____

Please answer every question. Use ink. Please print.

Name _____
First Middle Initial Last Cellular Number: _____
Address _____ Home Number: _____
City State Zip Code Length of Time at this Address: _____

From here on, please write or print in your normal style (manner). If you would like to request a accommodation to complete this form, please contact a Human Resources Representative.

Type of work desired _____ Salary requirements _____
How were you referred to us? _____ Date available for work _____

Are you over 17 years of age? Yes () No ()
Are you legally authorized to work in the U.S. by the Department of Homeland Security? Yes () No ()

Education

Name	Address City State	Major Course or Subject	Circle last year completed	If graduated month & year	GPA/ Degree
High School or Preparatory			1 2 3 4		
Business School			1 2 3 4		
College			1 2 3 4		
Graduate Work			1 2 3 4		

Have you been employed here previously? Yes () No ()

Have you ever applied here before? Yes () No ()

Have you ever been convicted of a financially-related criminal offense or other illegal activity? Yes () No ()
 If yes, please explain. (A conviction will not necessarily disqualify you from employment.)

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If you worked under a name other than shown on the front of this application, please inform the interviewer as to what name this corporation should use when making previous employment verification inquiries. Please see resume.

Name and Address of Former Employer	Dates Employed	Positions & Duties	Salary		Please explain why you left your former position (optional)
			Starting	Leaving	
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes () No ()

Please read before signing. If you have any questions or concerns regarding any of these statements, please express them to the employment interviewer before signing.

Contingent upon my employment with Vintage Bank Kansas, or any of its affiliates and subsidiaries, I agree to comply with all rules and regulations as set forth in the employer's policy manual or other communications distributed to all employees, which is not contractual and may be unilaterally changed by the employer at anytime. I also understand that following any offer of employment, that such employment is conditional upon a favorable health evaluation administered uniformly for this job. Such health evaluation may include a physical examination, a drug test and/or completion of a health evaluation form, to which I hereby consent. The results of the tests will remain confidential with limited, but necessary exceptions. I understand that if I am involved in a workplace accident that I may be required to take a drug and/or alcohol test at the time of accident.

I am aware that the Immigration Reform and Control Act provides that the employers must verify, on a form provided by the Attorney General, that anyone hired is not an "unauthorized alien." As a condition of employment, I agree to supply whatever documentation may be required to establish my citizenship or verify that I am authorized by the U.S. Department of Homeland Security to work in this country.

I understand that in the absence of a written agreement to the contrary, my status, if employed, will be that of an employee at will, with no contractual rights, expressed or implied. In consideration of my employment, I specifically agree that my employment may be terminated with or without cause, with or without notice, at any time, at the option of either the employer or myself.

I further understand that no director, officer or employee of Vintage Bank Kansas, its affiliates or subsidiaries, has any authority to state, suggest or imply that I have an employment contract for other than an indefinite period of time. Promotions, performance evaluations, salary increases, merit raises, and/or the statement of my salary in other than hourly or weekly rates does not define my period or length of employment. In other words, I do not have any continuing expectancy of employment for any period of time, definite or indefinite, should a job offer be extended and accepted.

I hereby acknowledge that I have read the above statements and understand the same. I certify that all statements made by me on this application are true and complete. I understand that falsification of any information contained in this application or omission of any information requested in this application will be reason for termination or rejection of this application. My answers to optional disclosures were given voluntarily, and I understand that the corporation will not use those answers to discriminate against me.

Signature: _____ **Date:** _____

Date of Hire _____

For Employer's Use Only

(To be completed after applicant is hired)

Date Employed _____ Company Name _____

Full Time Part Time Exempt Non-exempt Starting Rate \$ _____ Job Title _____

Employment Authorized By: _____ Replacement () _____ Addition to Staff () _____

Comments: _____

(To be completed if applicant is refused employment)

Was applicant rejected in whole or in part based on an investigative consumer report? Yes () No ()

If yes, was/were the name(s) and address(es) of the consumer reporting agency(ies) supplied to applicant? Yes () No ()

Date supplied _____ Initials _____ Attach a copy of such notice to this application _____

(To be completed if applicant requests)

Was a written request by applicant for a disclosure of the nature and scope of the investigative consumer report received by the employer? Yes () No ()

If yes, was such disclosure made in writing to applicant not later than 5 days after the date of which the request was first received or 5 days after the employer first requested the report? Yes () No ()

Date supplied _____ Initials _____ Attach a copy to this application _____

CONSUMER NOTIFICATION AND RELEASE

In connection with your application for employment with Vintage Bank Kansas / Vintage Bank Kansas Insurance Agency (Employer), the Employer may obtain a Consumer Report containing information about you from the National Background Information Center (Agency), a consumer reporting agency. These reports may include, but are not limited to, the following types of information: names and dates of previous employers, reason for termination of employment, work experience, wages, education, accidents, professional licensing, credit, etc. I further understand that such reports may contain public record information such as, but not limited to, driving records, workers compensation claims, credit, judgments, bankruptcy, criminal records, etc. from federal, state and other agencies maintaining such records.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit bureau, employer or insurance company to furnish any and all information requested by the Employer or Agency acting on behalf of the Employer.

I have the right to make a request to the National Background Information Center, and, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and will provide a complete and accurate disclosure of the nature and scope of the information covered by the consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests and within the one year period for other purposes preceding my request (California three years for all purposes).

I hereby consent to your obtaining the above information from the Agency.

I hereby authorize procurement of the consumer report(s) at any time after receipt of this authorization and, if I am hired, throughout my employment (or contract/volunteer) period.

I acknowledge that I have been provided a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act*, as required by law.

APPLICANT/EMPLOYEE:

I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Printed Name: _____

Alias/Other Names Used: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

Current Residence Address: _____
(Street) (City) (State) (ZIP)

Please provide all previous addresses from the last ten years, if different from current address. Use blank sheet, if necessary.

Previous Address: _____
(Street) (City) (State) (ZIP)

Previous Address: _____
(Street) (City) (State) (ZIP)

Previous Address: _____
(Street) (City) (State) (ZIP)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la 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 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 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 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.
- **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 1-888-567-8688.
- **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.

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:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<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 PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., 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 & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to 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 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, SW, 8th Floor Washington, DC 20416</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 Land 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 <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

Affirmative Action: Applicant Invitation to Self-Identify - Veteran, Gender & Race

Vintage Bank Kansas is an equal opportunity employer. The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Additionally, as a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA), Vintage Bank Kansas is required to submit reports to the U.S. Department of Labor each year identifying the number of our applicants and employees belonging to each specified protected veteran category.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 and VEVRAA reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Vintage Bank Kansas to determine this information by visual survey and/or other available information.

Print Name:

Print Job Title (applied for):

GENDER

- Male
- Female
- Other
- Prefer not to disclose

RACE/ETHNICITY (check ONE box)

- 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 races.
- Prefer not to disclose**

PROTECTED VETERANS (choose ALL that apply)

- Active Duty Wartime or Campaign Badge Veteran** - 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.
- Armed Forces Service Medal Veteran** - 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 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
- Disabled Veteran** - (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran** - a 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.
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.**
- I am NOT a protected veteran.**
- Prefer not to disclose**

Signature:

Date:

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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.

Job Title (applied for): _____ Date of Hire
(if applicable): _____