



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 _____

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	Check if graduated	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)
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 may be 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 or any instance involving reasonable suspicion 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 _____

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
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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): _____

This Organization Participates in E-Verify

Sample Only

Esta Organización Participa en E-Verify

Sólo muestra



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

E-Verify.gov



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English / Spanish Poster

IF YOU HAVE THE RIGHT TO WORK



DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b](#).

The **Immigrant and Employee Rights Section (IER)** may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The law prohibits retaliation at 8 U.S.C. § 1324b(a)(5). Regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/ier

IER@usdoj.gov



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for AJI Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.



SI USTED TIENE DERECHO A TRABAJAR



NO DEJE QUE NADIE SE LO quite

Si usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o su ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la [Sección 132.46 del Título 8 del Código de los EE. UU.](#)

Es posible que la [Sección de Derechos de Inmigrantes y Empleados \(IER\)](#), por sus siglas en inglés) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.

La ley que hace cumplir la IER es la Sección 132.4b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

Llame a la IER si un empleador:

No lo contrata o lo despiden causa de su nacionalidad o origen en los EE. UU., o si eso podria representar una vulneración de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el [Formulario I-9](#) o utilizar [E-Verify](#) (esta podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/crt-espanol/ier

IER@usdoj.gov



Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019

Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agenda, no tiene ningun efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorandum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.

