



Please mail your completed application to:

The Equitable Bank  
Attn: Human Resources  
2290 N. Mayfair Road  
Wauwatosa, WI 53226

Or you can fax your completed application to:  
414.777.4148

Or you can email your completed application to:  
[resumes@equitablebank.net](mailto:resumes@equitablebank.net)

**Thanks for your interest in a position at The Equitable Bank!**



**APPLICATION FOR EMPLOYMENT**

We are pleased that you are interested in applying for a position with The Equitable Bank, SSB. This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry, or on the basis of a disability. No question on this form is intended to secure information to be used for such discrimination.

We will give this application every consideration. However, in accepting it, The Equitable Bank, SSB makes no commitment of employment to the applicant.

Please Print Clearly

Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Position Applying For \_\_\_\_\_ Social Security # \_\_\_\_\_

**Referral Source:**

(Please check the appropriate category and name the source.)

- Walk-in  Other \_\_\_\_\_
- Equitable's Website \_\_\_\_\_
- Advertisement  Employee \_\_\_\_\_

**Location of position:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Corporate/Wauwatosa<br>2290 N. Mayfair Rd. | <input type="checkbox"/> Greenfield<br>6279 S. 27th St.         | <input type="checkbox"/> Waterford<br>701 Trailview Ct.            |
| <input type="checkbox"/> Brookfield<br>18815 W. Capitol Dr.         | <input type="checkbox"/> Hales Corners<br>5225 S. 108th St.     | <input type="checkbox"/> Waukesha<br>21215 Moreland Blvd.          |
| <input type="checkbox"/> Delafield<br>N15 W30921 Golf Rd.           | <input type="checkbox"/> Mequon<br>11715 N. Port Washington     | <input type="checkbox"/> West Allis<br>7400 W. Oklahoma Ave.       |
| <input type="checkbox"/> Germantown<br>N96 W17698 County Line Rd.   | <input type="checkbox"/> National Ave.<br>3418 W. National Ave. | <input type="checkbox"/> Whitefish Bay<br>705 E. Silver Spring Dr. |

May we contact you at work?.....  Yes  No  
If **yes**, work number and best time to call:

(\_\_\_\_\_) \_\_\_\_\_ AM  
\_\_\_\_\_ PM

Have you ever been employed here before?.....  Yes  No

If **yes**, give dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally authorized to work in the U.S? (If hired, you will be required to provide a valid work permit).....  Yes  No

Date available for work..... \_\_\_\_\_

Are you at least 18 years old? (If not, you will be required to provide a valid work permit. ....  Yes  No

What are your salary requirements?  
\_\_\_\_\_

Type of employment desired.....  Full-Time  Part-Time

Please list any other last names you've worked under:

\_\_\_\_\_

*Answering "yes" to the following question does not constitute an automatic bar from employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information. Please complete even when providing a resume. Thank you.

Employer	Telephone #	Month	Year	Month	Year
		Dates employed:      /      to      /			
Street address	City	State			
		<b>Compensation (Starting)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Starting job title/final job title		Commission/Bonus/ Other Compensation:      \$			
Immediate supervisor (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		<b>Compensation (Final)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Why did you leave?		Commission/Bonus/ Other Compensation:      \$			
Summarize the type of work performed and job responsibilities.					

Employer	Telephone #	Month	Year	Month	Year
		Dates employed:      /      to      /			
Street address	City	State			
		<b>Compensation (Starting)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Starting job title/final job title		Commission/Bonus/ Other Compensation:      \$			
Immediate supervisor (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		<b>Compensation (Final)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Why did you leave?		Commission/Bonus/ Other Compensation:      \$			
Summarize the type of work performed and job responsibilities.					

Employer	Telephone #	Month	Year	Month	Year
		Dates employed:      /      to      /			
Street address	City	State			
		<b>Compensation (Starting)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Starting job title/final job title		Commission/Bonus/ Other Compensation:      \$			
Immediate supervisor (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		<b>Compensation (Final)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Why did you leave?		Commission/Bonus/ Other Compensation:      \$			
Summarize the type of work performed and job responsibilities.					

Employer	Telephone #	Month	Year	Month	Year
		Dates employed:      /      to      /			
Street address	City	State			
		<b>Compensation (Starting)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Starting job title/final job title		Commission/Bonus/ Other Compensation:      \$			
Immediate supervisor (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		<b>Compensation (Final)</b>			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$      per	
Why did you leave?		Commission/Bonus/ Other Compensation:      \$			
Summarize the type of work performed and job responsibilities.					

## SKILLS AND QUALIFICATIONS

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____
<input type="checkbox"/> Spreadsheet _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> Presentation _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> E-mail _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____

## EDUCATIONAL BACKGROUND

School (include City & State)	Years Completed	Completed	Major/Minor
High School/Preparatory		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
Business School		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
College		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
Graduate School		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
Other		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

Are you planning to pursue further studies?    Yes    No    Day School    Night School

If so, when, where, and what courses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

List name and telephone number of two business/work references who are *not* related to you and are *not* previous supervisors.  
 If not applicable, list two school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			(   )	
			(   )	

## RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

Organization	Offices held

List special accomplishments, publications, awards, etc.

*Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with The Equitable Bank, SSB is true, complete and correct.

I expressly authorize, without reservation, The Equitable Bank, SSB, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, consumer reports, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that The Equitable Bank, SSB does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 6 months. At the conclusion of that time, if I still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and The Equitable Bank, SSB reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of The Equitable Bank, SSB is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by The Equitable Bank's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

*I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from The Equitable Bank's service, whenever it is discovered.*

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## CONSUMER CONSENT REPORT FORM

Prior to extending any applicant a job offer, The Equitable Bank, S.S.B. will obtain a copy of your CHEX Systems report.

For Management, Supervisory, Loan Officer, and Information Technology positions, The Equitable Bank, S.S.B. will also obtain a copy of your consumer credit report and/or other consumer reports.

These documents will be used for employment purposes and will not be used in violation of any federal and/or state equal employment laws or regulations.

**A complimentary copy of “A Summary of Your Rights Under the Fair Credit Reporting Act” is attached—*please take it with you.***

I, \_\_\_\_\_, hereby authorize The Equitable Bank  
(Please Print)

to obtain a copy of my CHEX Systems report and consumer credit report(s), as indicated above. I also acknowledge that I have received a copy of the attached “A Summary of Your Rights Under the Fair Credit Reporting Act”.



***Please take the attached Summary of Your Rights form!***

**Signature:** \_\_\_\_\_

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

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer-reporting agency (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The CRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving the notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs—to which it has provided the date—of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to a CRA that you dispute the item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:**

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center—FCRA Washington, DC 20580 * 202-236-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Controller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20552 * 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20522 * 800-842-6929
Federal Credit Unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards	Department of Agriculture Act, 1921 Office of Deputy Administrator—GIPSA Washington, DC 20250 * 202-720-7051

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## APPLICANT DATA RECORD

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The Equitable Bank, S.S.B. endorses equal employment opportunity. All employment decisions are based upon affirmative action, which enables qualified applicants to be considered for all positions. Furthermore, it ensures that employees are not discriminated against because of race, color, religion, sex, national origin, ancestry, age, marital status, physical/mental disability, Vietnam era/disabled veteran status, sexual orientation, and/or arrest or conviction record (unless considered a bona fide occupational qualification). We invite you to identify yourself and receive coverage under our company's Affirmative Action Plan.

The Equitable Bank, S.S.B. completes yearly statistics for participating in the Affirmative Action Program. Periodic reports are compiled on sex, ethnicity, disabled and veteran status of applicants. By answering the following questions, you will be assisting our organization in complying with government record keeping, reporting, and other legal requirements. *Applicant Data Record* forms will be held in the strictest confidence, will be maintained separate from personnel files, and will be used only in a manner consistent with the Acts.

**Please note: Submission of information about a disability is voluntary!**

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### SECTION I. (Please Print)

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Last First Middle Area Code

Address: \_\_\_\_\_  
Street City State Zip Code

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Sources:      Advertisement      School/College  
(Circle One)      Employee Referral      Friend or Relative  
                                 Employment Agency      Walk In  
                                 Recruiter      Other: \_\_\_\_\_

### SECTION II. (Please "check" where appropriate)

A.    \_\_\_ Male    \_\_\_ Female

B.    \_\_\_ White/Caucasian      \_\_\_ Hispanic or Latino (White Race Only)  
     \_\_\_ Black/African American      \_\_\_ Hispanic or Latino (All Other Races)  
     \_\_\_ American Indian or Alaskan Native      \_\_\_ Native Hawaiian or Pacific Islander  
     \_\_\_ Asian      \_\_\_ Other: \_\_\_\_\_

C.    \_\_\_ Vietnam Era Veteran    \_\_\_ Disabled Veteran    \_\_\_ Person with Disability

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**SIGNATURE:** \_\_\_\_\_

**\*Upon Completion:** Please seal the *Applicant Data Record* form in the enclosed envelope and return it to the Human Resources Department at The Equitable Bank, 2290 N. Mayfair Rd., Wauwatosa, WI 53226.

## DEFINITIONS

### **RACE/ETHNICITY**

- a. **White/Caucasian** (not of Hispanic origin)  
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- b. **Black/African American** (not of Hispanic origin)  
All persons having origins in any of the black racial groups of Africa.
- c. **American Indian or Alaskan Native**  
All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment.
- d. **Asian**  
All persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- e. **Hispanic (White Race Only)**  
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- f. **Hispanic (All Other Races)**  
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
- g. **Native Hawaiian or Pacific Islander**  
All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.
- h. **Missing Race or Unknown**  
Applies to APPLICANTS ONLY, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

### **VIETNAM ERA VETERAN**

“Veteran of the Vietnam Era” means a person who: served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

### **DISABLED VETERAN**

“Disabled Veteran” means a veteran entitled to compensation under the laws administered by the Veterans’ Administration for a disability rated at 30% or more, or a person who was discharged or released from active duty because of a service-oriented disability.

### **DISABILITY**

“Disability is defined as a physical or mental impairment which substantially limits one or more of the major life activities as defined by the Americans with Disabilities Act of 1990 or Title V or the Rehabilitation Act of 1973.