



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 scan and 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, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. 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.)

☐ Equitable's Website ☐ Advertisement

☐ Milwaukee Jobs ☐ Walk-in

☐ Other Job Website ☐ Employee

☐ Social Media

☐ Other

### Location of position:

☐ Corporate/Wauwatosa  
2290 N. Mayfair Rd.

☐ Hales Corners  
5225 S. 108th St.

☐ West Allis  
7400 W. Oklahoma Ave.

☐ Delafield  
N15 W30921 Golf Rd.

☐ Waterford  
701 Trailview Ct.

☐ Whitefish Bay  
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 proof of identity)..... ☐ Yes ☐ No

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

Are you at least 16 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 disqualification. 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. You are welcome to include a resume; however, the resume does not take the place of this application. Please complete the application in full. Thank you.

Employer	Telephone #	Month	Year	Month	Year
		Dates employed: / to /			
Street address	City	State	Compensation (Starting)		
			<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?		Compensation (Final)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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	Compensation (Starting)		
			<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?		Compensation (Final)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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	Compensation (Starting)		
			<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?		Compensation (Final)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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	Compensation (Starting)		
			<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?		Compensation (Final)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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 & 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. Examples might be co-workers or previous supervisors not already listed. 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, gender, 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, gender, 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



## **DEFINITIONS**

### **RACE/ETHNICITY**

#### **White/Caucasian** (not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

#### **Black/African American** (not of Hispanic origin)

All persons having origins in any of the black racial groups of Africa.

#### **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.

#### **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.

#### **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.

#### **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.

#### **Native Hawaiian or Pacific Islander**

All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.

#### **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.

### **VETERAN**

#### **Disabled Veteran**

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.

#### **Recently Separated Veteran**

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.

#### **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**

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

## 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](http://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

*This section intentionally left blank.*





## CONSUMER CONSENT REPORT FORM

The Equitable Bank, S.S.B. may obtain a copy of your consumer credit report and/or other consumer reports depending upon the position that you are applying for,

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 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) 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.

- **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](http://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](http://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](http://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 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.**

The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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](http://www.consumerfinance.gov/learnmore).

For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

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 N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. 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 P O Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street N.E. Washington, DC 20549</p>
<p>4. 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>5. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 877-382-4357</p>