

Employment Application

Capitol Bank

Madison, WI 53717

Please read the following before completing this Application for Employment:

Capitol Bank does not discriminate in its hiring or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, ancestry, age, marital status, arrest record, conviction record, handicap, disability, Veteran status, or other legally protected status, as provided by law. None of the questions on this application are intended to obtain information to be used for such illegal discrimination.

During the processing of this application, Capitol Bank reserves the right to request that an investigative consumer report be prepared, which may include information as to police record(s) and employment reference(s). The Applicant in turn has the right to request that Capitol Bank completely and accurately disclose the nature and scope of the requested consumer investigation. Such a request, from the applicant, must be made in writing and submitted to the Human Resources Administrator of Capitol Bank within a reasonable time after completing the employment application.

I hereby acknowledge that I have read the above disclosure and understand it.

Signature

Date

GENERAL INFORMATION

Please Print

Full Name (Please Print)

(Area Code) Daytime Telephone Number

Street Address

City

State

Zip Code

How long have you lived at this address? _____

Please list your previous address if your current address has changed in the last 5 years.

Street Address

City

State

Zip Code

How long were you living at this address? _____

Have you previously applied for employment at Capitol Bank?

No

Yes

If yes, please indicate when _____

Are you personally acquainted with anyone identified with Capitol Bank?

No

Yes

If yes please give the person's name _____ Are you related? _____

Date available for work _____

Type of work desired _____

Are you 17 years of age or older?

No

Yes

Hours Desired:

Full Time

Part Time:

Days Available _____

Hours Available _____

Are you a citizen of the United States or an alien lawfully authorized to work in the United States? No Yes

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Please use the following space to describe your interest in the Financial Services industry. Please feel free to include all of your skills and aptitudes that you feel qualify you for a position at Capitol Bank. You may also want to include any civic and or community activities, professional societies in which you participate, or special training or skills that you feel could be relevant. If you need more space, please attach a separate sheet and or your resume.

In order to determine the suitability of surety bonds for new applicants and to comply with other federal obligations applicable to financial institutions, the following question must be answered by all applicants. A dishonest response will lead to non-hire or immediate dismissal. An affirmative response is subject to further review and inquiry.

Have you ever been convicted of a criminal offense including misdemeanors and municipal offenses or are you suspect in a pending charge involving dishonesty or breach of trust (including but not limited to robbery, shoplifting, embezzlement, forgery, perjury, tax evasion, etc.)?

No Yes

If yes, please explain _____

EDUCATION RECORD

Institution Name	Location (Street Address, City, State, Zip)	Course/ Major	# Years Completed	If Grad, Degree	Mo./ Yr.
(High School)					
(Business/Technical School)					
(College/University)					
(Graduate School)					

SKILLS & AREAS OF EFFECTIVENESS

<input type="checkbox"/> Typing	WPM	<input type="checkbox"/> Personal Computers Please List Software: _____ _____ _____ _____
<input type="checkbox"/> Dictation/Shorthand	WPM	
<input type="checkbox"/> CRT		
<input type="checkbox"/> 10 Key		
<input type="checkbox"/> Supervisory	# of People:	<input type="checkbox"/> Other: _____

Briefly describe any additional skills, not yet listed, that are relevant to the job for which you are applying.

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Beginning with your current or most recent, list all previous employers. Please include self-employment, summer and part-time jobs. Please continue on a separate sheet if more space is required.

Former Employer				Dates (MO/Yr.)	Position & Duties
Company Name				From	To
Supervisor Name					
Street Address				Salary	
City	State	Zip	Phone ()	Reason for Leaving	
Company Name				From	To
Supervisor Name					
Street Address				Salary	
City	State	Zip	Phone ()	Reason for Leaving	
Company Name				From	To
Supervisor Name					
Street Address				Salary	
City	State	Zip	Phone ()	Reason for Leaving	
Company Name				From	To
Supervisor Name					
Street Address				Salary	
City	State	Zip	Phone ()	Reason for Leaving	

If presently employed, why do you wish to change positions? _____

May we contact your current employer? Yes No

If ever employed or attended school under a different name, please indicate _____
 Account for all periods of unemployment, for one month or more, since you left school until the present time.

From (MO/Yr.)	To (MO/Yr.)	State What You Were Doing

PERSONAL REFERENCES

Please give names and addresses of persons (not relatives or previous employers) who are well acquainted with you.

Name	Address (Street, City, State, Zip)	Telephone	Occupation
		()	
		()	
		()	

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Please Read the Following Before Signing. I certify that the facts set forth in this application are true, correct, and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements that I have made herein.

I hereby release from any and all liability all representatives of Capitol Bank for their acts performed in connection with evaluating my application, background, credentials and qualifications. I understand that if any of the information on this employment application is discovered, now or at a later date, to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, then Capitol Bank may deny me or terminate my employment, and I further agree that Capitol Bank shall not be liable in any respect if it does so.

I also understand that my employment at Capitol Bank may be contingent upon the satisfactory results of a drug test and it may include a physical examination and such job-related future examinations as may be required by Capitol Bank, which may include drug screenings as required.

I understand that if I am employed by Capitol Bank, any such employment is not binding on either party for any specific period of time. I further understand that no representative of Capitol Bank, other than its President, has any authority to enter into any agreement for employment for any specific period of time and any such agreement must be in writing and signed by the President. I understand that if employed, I will be an employee-at-will.

I hereby acknowledge that I have read and understand the above statement.

Signature

Date

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Authorization and Release

I hereby authorize you, as an academic institution or former employer of mine, to supply Capitol Bank with my academic or employment records, and any other information that Capitol Bank may request regarding my employment or schooling. A photocopy of this Authorization and Release shall be as valid as the original.

I hereby release you, as former employers, schools, or persons, from any liability for any damages resulting from issuing this information.

Date

Signature

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Drug/Alcohol Testing Authorization

Capitol Bank has a vital interest in maintaining a safe, healthful and efficient work environment for its employees and customers. Illegal drugs pose a serious threat to the health and safety of both the user and others. Therefore, all employment applicants at Capitol Bank will be required to submit a drug screening test. Current employees will be tested when reasonable cause exists to believe that an employee may be using or under the influence of illegal drugs or alcohol. Please carefully read the following statements before signing this form.

I hereby give my consent to Capitol Bank, to which I am applying for employment or by which I am employed, to collect (or contract to collect) blood or urine samples from me to determine the presence or use of alcohol, and/or controlled substances (including but not limited to cocaine, marijuana, barbiturate, phencyclidine (PCP), amphetamines, opiates, and benzodiazapines). I further give my consent to release the test results and other relevant medical information to Capitol Bank's management and any physicians(s) designated by Capitol Bank for determination of my eligibility for employment at Capitol Bank.

I understand that if the results of the drug test are positive, I will be given an opportunity to discuss the positive result and any reasonable explanation with a Medical Review Officer.

I understand that if a positive result is caused by medications prescribed by an accredited physician for the treatment of a current condition, the Medical Review Officer may verify the circumstances of use with the doctor prior to any offer of employment. I hereby authorize my prescribing physician to disclose such information as may be requested, and will execute any additional consents as are necessary to obtain the release.

I understand that if positive test results are caused by drugs that are not part of a currently prescribed medical treatment program, or if I refuse to sign this Authorization or cooperate fully in the specimen collection process, I will not be hired, or if an employee, I will be disciplined according to Capitol Bank's drug and alcohol testing policy. If not hired, I will not be eligible to apply for employment with Capitol Bank for one year. I understand that if prescribed medication will adversely affect my ability to perform my job, my application will be deferred, or rejected, as appropriate. I release and discharge Capitol Bank, its directors, officers and agents from any claim or liability arising from the tests described above including test process, procedures, analysis and disclosure of the results.

Signature _____ Date _____

Print Name: _____

Social Security Number: _____

(To be signed by parent or legal guardian if applicant or employee is under 18 years of age.)

I have read and understand the terms of the Drug/Alcohol Testing Authorization, and am the parent or legal guardian of the applicant or employee who has signed this document, and consent to his/her testing and the release and use of the test results pursuant to the terms of this authorization.

Signature of Parent/Legal Guardian _____ Date _____

Applicant Recordkeeping

The following information is used only to determine if Capitol Bank's recruiting efforts are reaching all segments of the community and to meet government reporting requirements. This information will not be given to anyone who makes hiring decisions. We would appreciate your cooperation and assistance in our efforts to ensure Equal Employment Opportunity. Providing information pertaining to race, sex, handicap, and veteran status is voluntary. Failure to provide this information **will not** result in any negative personnel action and will not affect the status of your application.

Name	Social Security Number	Phone Number	
Street Address	City	State	Zip Code

Position Applying for:

Full Time Part Time
Days Available _____
Hours Available _____

Referral Source:

Walk In Advertisement School Employment Agency Employment Referral
 Other Source _____

The information requested below is **voluntary**. If you choose to not provide this information, please check the box indicating that choice.

I choose to not provide the information regarding race, sex, veteran status or handicap even though I understand that this information will not be available to anyone making hiring decisions and is used only in a confidential manner to comply with fair employment regulations.

Race: American Indian/Alaskan Native **Veteran Status:** Disabled Veteran
 Asian/Pacific Islander Vietnam Era Veteran
 Black/African American
 Caucasian/White **Sex:** Female
 Hispanic Male

Handicap: Are you a person having a physical or mental impairment which substantially limits one or more major life activities, a person having a record of such impairments, or regarded as having such impairments?
 No
 Yes

Please give us suggestions as to how we could accommodate your handicap:

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Notice of Credit Report Investigation

In compliance with the Fair Credit Act, this notice is to inform you that Capitol Bank reserves the right to request and receive, from time to time, a consumer report about you prepared by a consumer reporting agency or credit bureau, also known as a credit report, as part of its evaluation of your application, background, credentials and qualifications.

Information from the credit report will not be used in violation of any federal or state opportunity law or regulations.

Before taking any adverse employment action based at least in part on the credit report, including denying employment, Capitol Bank will provide you without charge, a copy of the credit report, it will inform you that the information contained in the credit report was the reason or part of the reason for the adverse action.

I hereby acknowledge that I have read the above enclosure and understand it.

Date

Signature

Social Security Number

Authorization of Disclosure and Release of Information Capitol Bank

I authorize Capitol Bank and/or Fidelitec, LLC, to investigate all statements contained in my application for employment and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, law enforcement agencies, and consumer reporting agencies, to supply any and all information concerning my background and credit worthiness, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, employment, academic, residential, motor vehicle, consumer credit, and criminal records. I understand that I have the right to request additional information about these inquiries and any subsequent reference reports. This additional information will be provided to me upon written request to Fidelitec, LLC, 245 Horizon Drive, Suite 107, Verona, WI 53593.

I hereby certify that all the statements and answers contained in my application for employment and on this form are true and complete to the best of my knowledge, and I understand that any false statements and/or answers or omissions of information contained in my application for employment and on this form will be sufficient cause for cancellation of employment consideration or dismissal, if I have been employed. I understand that by furnishing my birth date below, Capitol Bank and/or Fidelitec, LLC, are using that information for the sole purpose of verifying identification as part of the criminal records check and the birth date is not part of my application for employment. I release all parties for all liability for any damage that may result from furnishing information, including this disclosure of my date of birth and this authorization to Capitol Bank and/or Fidelitec, LLC.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original; and that this authorization be in effect throughout my candidacy for employment and, if employed by Capitol Bank, this authorization remain in effect throughout my employment.

Print Name (First, Middle Initial, Last)

Signature

Date

Street

City

State

Zip

SOCIAL SECURITY NUMBER — — —	BIRTH DATE (MONTH/DAY/YEAR) / /
DRIVER'S LICENSE NO.	STATE EXPIRES