

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

APPLICATION FOR EMPLOYMENT

With

(The "Company")
An Equal
Opportunity Employer

FOR OFFICE USE ONLY	
Work Location	Rate
_____	_____
Position	Date
_____	_____

This application will be held in the active file for _____ days. If you wish to be considered after that date, please recontact us.

(PLEASE PRINT PLAINLY)
PERSONAL

Date _____

Name _____ Telephone No _____
Last First Middle

Present Address _____
No. Street City State Zip

Social Security No. _____ - _____ - _____

Are you eligible for employment in the U.S.A.? _____ (If you are hired, federal law requires that you provide documentation of your identity and eligibility for employment and that you attest to your eligibility for employment).

If you are under age 18, state: your age _____, and whether you can provide a work permit _____

Position (s) applied for _____ Rate of pay expected \$ _____

Would you work Full-Time _____ Part-Time _____

If your application is considered favorably, on what date will you be available for work? _____

The Company is an equal opportunity employer. The Company does not discriminate in hiring or employment on the basis of race, color, creed, national origin, marital status, sex, sexual orientation, religion, ancestry, age, disability, veteran status, arrest or conviction record (except as permitted by law), or any other applicable protected classification. It is the Company's policy to comply with all laws prohibiting discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. One of the factors in determining whether an applicant will be employed is that the Company, at its own expense, arranges for surety bond for its employees who are required by law to be bonded. Unless the applicant's background is acceptable to a surety company, the Company will be unable to offer employment.

EDUCATION

School	Name And Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree	Grade Point Average
			9	10	11	12			
High			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No		
College			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No		
Other (Specify)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No		
Other (Specify)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No		

List courses you have completed which will aid the Company in evaluating your qualifications for the position you are applying for. Use additional sheets if necessary. (Example: If applying for a clerical position, note training such as word processing, typing, bookkeeping, computer/CRT.) Please include grade or other indicator of achievement, such as words per minute typed.

COURSE	DATES ENROLLED IN COURSE	SCHOOL OR OTHER SPONSOR OF COURSE	DESCRIBE MAJOR CONTENT OF COURSE	GRADE
	FROM TO			
	FROM TO			
	FROM TO			
	FROM TO			

GENERAL INFORMATION

[Note: When completing this application, your responses to inquiries about organizations and activities should not be revealing as to race, color, creed, national origin, age, marital or Vietnam veteran status, sex, sexual orientation, disability or ancestry.]

List relevant scholastic honors, offices held, and relevant activities in high school or college:

Use the space below to describe your activities, skills and aptitudes that you believe would reasonably bear on your qualification for the position you are applying for at the Company. (You may wish to include civic and community activities, professional societies relating to the specific position for which you are applying in which you participate, special training or skills such as typing, accounting/bookkeeping, shorthand, computer/CRT machine, word processing or other skills.) If you need more space, please continue on a separate sheet.

Have you been employed here previously? Yes No Have you ever applied here before? Yes No

Have you ever been convicted of a criminal offense? Yes No

(Note: A conviction does not automatically disqualify an applicant from employment. What you were convicted of and how long ago are important.) If the answer is "yes," then for each such conviction, indicate (a) the date(s) of conviction, (b) the nature of the offense, (c) the penalty imposed, (d) whether the offense involved a financial institution, and (e) the circumstances involved. Exclude any arrest(s), acquittal(s), conviction(s) reversed on appeal, conviction(s) that have been completely expunged, and/or any adjudgment(s) against you by a court as a "youthful offender" or "juvenile delinquent."

Do you have any charges pending against you? _____

(Note: A pending charge does not automatically disqualify an applicant from employment. The type of charge(s) and the surrounding circumstances are important.) If the answer is yes, indicate the pending charge(s) and surrounding circumstances:

Have you entered into a pretrial diversion or similar program relating to any criminal offense ("program entry")? Yes No

(Note: For purposes of this inquiry, "program entry" is defined as suspension or eventual dismissal of charges or criminal prosecution upon agreement to enter into treatment, rehabilitation, restitution, or other noncriminal or nonpunitive alternatives. Entry into such a program does not automatically disqualify an applicant from employment. The nature of the program and how long ago are important.)

For each such "program entry," indicate (a) the date(s) you entered into the program, (b) the nature of the offense, (c) whether you completed the required treatment, rehabilitation, restitution, or other alternatives, (d) the ultimate disposition of the charges, and (e) the circumstances involved. Exclude any program entries prior to November 29, 1990.

Has a surety bond ever been refused to you? _____ For a position for which a surety bond is a requirement: If yes, indicate when and the surrounding circumstances: _____

List below all present and past employment, beginning with your most recent position.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we Contact them? <input type="checkbox"/> Y <input type="checkbox"/> N
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we Contact them? <input type="checkbox"/> Y <input type="checkbox"/> N
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we Contact them? <input type="checkbox"/> Y <input type="checkbox"/> N
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we Contact them? <input type="checkbox"/> Y <input type="checkbox"/> N

If you need more space to list all of your present employment, please continue on a separate sheet.

PERSONAL REFERENCES
(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number	No. of years you have know reference

In connection with your application for employment, we may procure a consumer report. The following information describes your rights regarding consumer reports under the Fair Credit Reporting Act. By your signature below, you hereby authorize First Bank Financial Centre to obtain a consumer report about you.

Applicant Name

Date of Birth*

* NOTE: Date of birth information is used ONLY by a consumer reporting agency for verification of identity and it not used for any purpose by First Bank Financial Centre.

Applicant Signature

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

• **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.

• **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).

• **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.ftc.gov/credit.

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 info, contact your state or local consumer protection agency or state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller 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 20551 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 Complaints Washington, DC 20552 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 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108- 2638 1-877-275-3342
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 Act, 1921	Dept of Agriculture, Office of Deputy Administrator – GIPSA Washington,DC 20250 202-720- 7051

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania ave. N.W., Washington, DC 20580.

Germantown
N112 W17100 Mequon Rd.
Germantown, WI 53022
P: (262) 250-3800
F: (262) 250-8670



Hartford
940 Bell Ave.
Hartford, WI 53027
P: (262) 673-0920
F: (262) 673-0944

Hartland
800 Cardinal Ln.
Hartland, WI 53029
P: (262) 369-9900
F: (262) 369-9919

Oconomowoc
155 W. Wisconsin Ave.
Oconomowoc, WI 53066
P: (262) 569-9900
F: (262) 567-5734

W359 N5900 Brown St.
Oconomowoc, WI 53066
P: (262) 569-3055
F: (262) 569-3059

1300 Summit Ave. Ste. 100
Oconomowoc, WI 53066
P: (262) 567-3300
F: (262) 567-1682

Sun Prairie - Loan Office
121 S. Bristol St.
Sun Prairie, WI 53590
P: (608) 834-4040
F: (608) 834-6464

West Bend
1811 W. Washington St.
West Bend, WI 53095
P: (262) 338-9900
F: (262) 338-9902

Toll Free
(888) 569-9909

24 Hour Friendly Operator
(888) 569-5066

MEMBER FDIC
EQUAL HOUSING LENDER

It is the policy of First Bank Financial Centre to provide equal opportunity to all individuals regardless of their race, creed, color, religion, sex, age, national origin, disabilities, veteran status, marital status, sexual orientation, military status, or any other characteristic protected by state or federal law. We are strongly committed to this policy and believe in the concept and the spirit of the law.

First Bank Financial Centre is committed to assuring that:

- All recruiting, hiring, training, promotion, compensation and other employment related programs are provided fairly to all persons on an equal opportunity basis without regard to race, creed, color, religion, sex, age, national origin, disabilities, veteran status, marital status, sexual orientation, military status or any other characteristic protected by law;
- Employment decisions are based on the principles of equal opportunity and affirmative action;
- All personnel actions such as compensation, benefits, transfers, training and participation in social and recreational programs are administered without regard to race, creed, color, sex, age, national origin, disabilities, veteran status, marital status, sexual orientation, military status or any other characteristic protected by law, and;
- Employees and applicants will not be subjected to harassment, intimidation, threats, coercion or discrimination because they have exercised any right protected by law.

First Bank Financial Centre believes in and practices equal opportunity and affirmative action. Ann Lueth, Human Resources Director serves as the Equal Opportunity Coordinator for First Bank Financial Centre, and has overall responsibility for assuring compliance with this Policy. All employees are responsible for supporting the concept of equal opportunity and affirmative action and assisting First Bank Financial Centre in meeting its objectives.

First Bank Financial Centre maintains Affirmative Action Plans for minorities, females, disabled individuals and veterans. Any questions regarding these plans should be directed to the Human Resources Director, Ann Lueth. If you wish to view the plan for disabled workers and veterans, contact Ann Lueth during normal working hours.

Mark Mohr, President
January 28, 2008

Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Name: _____ Date: _____

Position Applied for: _____

PLEASE CHECK ONE:

Male

Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- 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 six races

HOW WERE YOU REFERRED TO THIS JOB:

- Advertisement Employee Referral Internet Job Board Job Fair
- Walk In School / College FBFC Website Bank Scrolling Sign
- Other (Please Specify): _____

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

