

MIDSTATES

B A N K

www.midstatesbank.com

Instructions for Submitting Applications

Thank you for your interest in employment with Midstates Bank, and for taking the time to fill out an application. In order for us to properly process your application, you will need to follow the instructions below. Each step must be completed for your application to be considered. If you have any questions, please contact Human Resources at 712-755-7738.

- Enter the job number or specific position you are applying for, in the “Position(s) Applied For” field of the application. We need to know what position you are applying for.
- Fully complete the application by answering all questions on the application, and making sure to sign and date the last page. Entering “See resume” in the Employment Experience section will not suffice and the application will be considered incomplete.
- Applications must be turned in on or before 5:00 PM on the last day we are accepting applications for the respective position you are applying for.
- Completed applications can be returned by mail or fax to:

**Midstates Bank
Human Resources
P.O. Box 717
Harlan, IA 51537**

Fax: 712-755-7739

APPLICATION FOR EMPLOYMENT

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, disability, veteran status, age, gender identity, sexual orientation or any other prohibited basis of discrimination, as provided under applicable local, state and federal law.

PLEASE PRINT

Date of Application:	Position(s) Applied For:
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Other	

Personal Information

Full Name – Last	First	Middle	
Address – Street	City	State	Zip
Telephone		Social Security Number	
Email			

General Information

Have you ever filled out an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____	Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, give date: _____
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you 18 years of age or older? ___Yes ___No	
Are you prevented from legally becoming employed in this country? ___Yes ___No <i>If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to do so immediately upon being hired.</i>	
On what date would you be available to work?	Expected Salary:
Are you available to work? ___ Full-time ___ Part-time ___ Temporary ___ Summer only	What days? ___ S ___ M ___ T ___ W ___ T ___ F ___ S
Are you on lay-off and subject to recall? ___ Yes ___ No	If hired, do you expect to have additional jobs elsewhere? ___ Yes ___ No
Have you ever been convicted of a misdemeanor or felony? ___ Yes ___ No (Conviction will not necessarily disqualify applicant from employment. How recent, severe, and pertinent the conviction is to the job will all be considered.) If yes, please explain:	

EDUCATION:

Please list education or specialized experience, which relates to the position(s) for which you are applying. Exclude names or terms, which indicate, for example, race, color, religion, sex, disability or national origin.

School Name& Location:	High School:	Tech School:	College/University:
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

SKILLS:

List the office machines and software you have experience operating:

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate, for example, race, color, religion, sex, disability, or national origin.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone: ()			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone: ()			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone: ()			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			

Reason for Leaving:		
Employer:	Dates Employed	
Address:	From	To
Telephone: ()		
Job Title:	Hourly Rate/Salary	
	Starting	Final
Supervisor:		
Reason for Leaving:		
Employer:	Dates Employed	
Address:	From	To
Telephone: ()		
Job Title:	Hourly Rate/Salary	
	Starting	Final
Supervisor:		
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process or in post-offer questionnaires will result in my immediate discharge if I am hired, regardless of when discovered.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I authorize the Company to conduct a credit check with any consumer reporting agency on my credit record for employment evaluation only. I understand the Company may perform criminal background checks on all potential new hires prior to offering employment to an applicant and that if such background check reveals a criminal charge or conviction, Company may choose not to hire me. I understand the Company may make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this Company against any liability, which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date

THE BANK
APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

We comply with government regulations, including affirmative action responsibilities where they apply.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date _____

Position Applied For _____

Name _____ (_____) Phone _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

Referral Source:

- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Walk In | Other _____ |

CONFIDENTIAL INFORMATION
VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Check one of the following Race/Ethnic Groups:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other |
|---|--------------------------------|

If other, check one of the following Race/Ethnic Groups:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more Races |
| <input type="checkbox"/> Native American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

If Native American Indian, check if any of the following are applicable:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Formal member of a particular tribe |
| <input type="checkbox"/> | Have a membership card issued by the tribe |
| <input type="checkbox"/> | Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs |
| <input type="checkbox"/> | Are considered an American Indian in your community |
| <input type="checkbox"/> | Used American Indian School or hospital |

- I am:
- | | | |
|---|------------------------------|-----------------------------|
| 1. A Disabled Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. An Armed Forces Service Medal Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. A Recently Separated Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. An Active Duty Wartime or Campaign Badge (Other Protected) Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Definitions:

1. A Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
2. Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
3. Recently Separated Veterans means 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.
4. Active Duty Wartime or Campaign Medal (Other Protected) Veterans means 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. Information also may be obtained by sending an email to helpdesk@vets100.com or by calling (301) 306-6752.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.