



**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

Name (Last, First, MI)		Date	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone #	Email Address	Referred By	

EMPLOYMENT DESIRED

Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Branch Location Desired	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work lawfully in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When	

EDUCATION HISTORY

	Name and Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

GENERAL INFORMATION

Subject of Special Study/Research Work	
Special Training	
Special Skills	
US Military or Naval Service	Rank

FORMER EMPLOYERS *(List below last four employers, starting with the most recent)*

Dates of Employment	Name of Employer	Salary	Position	Reasons for Leaving
From To				
From To				
From To				
From To				

REFERENCES (Give below the names of three persons not related to you, who you have known at least one year)

Name	Phone Number	Company Name	Years Known

HOW DID YOU LEARN ABOUT BTC BANK?

<input type="checkbox"/> Job Service <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper Ads <input type="checkbox"/> Employee _____ <input type="checkbox"/> I do not wish to disclose

CREDIT AND BACKGROUND AUTHORIZATION

By signing this document, I authorize BTC Bank to obtain information regarding my creditworthiness, standing, or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by BTC Bank in making a decision regarding my employment.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant's Signature

Date

BTC Bank is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion, sex, gender identity, transgender status, national origin, ancestry, disability, genetics, protected veteran status, or any other protected classes.

BTC Bank may elect to request a credit bureau report and background check on qualified candidates. We must have your written permission to obtain this information.

Please return complete application packet to:

BTC Bank, Attn: Human Resources, 3606 Miller St, Bethany, MO 64424, or email to careers@btcbank.bank.

Candidate Voluntary Self-Identification Race/Ethnic and Gender Classifications

To meet government reporting requirements, applicants and employees are requested to answer the questions below. Please note you are not obligated to self-identify, and any information you voluntarily provide will be kept confidential in accordance with appropriate legislation. Any answers provided or refusal to self-identify will not affect hiring decisions or personnel actions.

PERSONAL INFORMATION *(Please Print)*

Last Name		First Name	Middle Initial
Street	City	State	Zip
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Specific Job Applied for	

RACE/ETHNIC DATA *(Please check one box only. Do not insert additional groups)*

The following race/ethnic definitions are developed and provided by the Department of Labor.

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - **regardless of race.**
- White** **(not of Hispanic or Latino origin)** Persons having origins in Europe, North Africa or the Middle East.
- Black or African American** **(not of Hispanic or Latino origin)** Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad or the West Indies.
- Asian** **(not of Hispanic or Latino origin)** 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 Alaskan Native** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** **(not of Hispanic or Latino origin)** All persons who identify with more than one of the previous five races.
- Do not wish to identify race** If you do not wish to self-identify race/ethnic background, check the box to the left.

 Applicant's Name (please print)

 Applicant's Signature

 Date

Candidate Voluntary Self-Identification Protected Veteran Status

BTC Bank is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “**disabled veteran**” is one of the following:
 - 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.
- A “**recently separated veteran**” 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.
- An “**active duty wartime or campaign badge veteran**” 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 under the laws administered by the Department of Defense.
- An “**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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO IDENTIFY

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Job Applied For

Applicant's Name (please print)

Applicant's Signature

Date

Candidate Voluntary Self-Identification Disability

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

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

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

Applicant's Name (please print)

Applicant's Signature

Date

Candidate Voluntary Self-Identification Disability

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

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.

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.