W.B.A. 350 (4/17/06) Stock No. 11098

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FIPCO® FINANCIAL INSTITUTION PRODUCTS CORPORATION

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

APPLICATION FOR EMPLOYMENT

With

Pioneer Bank

(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 90 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 legally 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 a 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 may be unable to offer employment.

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree	Grade Point Average
High			9	10	11	12	☐ Yes ☐ No		
College			1	2	3	4	☐ Yes ☐ No		
Other (Specify)			1	2	3	4	☐ Yes ☐ No		
Other (Specify)			1	2	3	4	☐ Yes ☐ No		

List courses you have completed or are currently taking that 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 or other computer skills, bookkeeping.) 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, religion, marital or veteran status, sexual orientation, disability or ancestry.)

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

List 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, special training or skills such as typing, accounting/bookkeeping, shorthand, computer skills, 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. The nature of the conviction will be considered in accordance with law). 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 criminal charges pending against you? _____

(Note: A pending charge does not automatically disqualify an applicant from employment. The nature of the charge(s) will be considered in accordance with law). 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 and date of the program 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?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?

If you need more space to list all of your present and past 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 known reference

AGREEMENT

PLEASE READ BEFORE SIGNING. If you have any questions regarding this Agreement, please ask them of a personnel officer before signing.

In order that the Company may arrive at an employment decision, I understand that the Company may do any or all of the following, and I hereby consent to the same:

1. Investigate all statements contained in this application for employment.

2. Request that I be fingerprinted.

3. Conduct a criminal background check.

4. Conduct a credit background check.

5. Check all references.

I understand that if I receive an offer of employment I may be required to undergo a pre-employment medical examination conducted by a doctor of the Company's choice, and to submit to drug screening. I also understand that my employment may be conditioned on the results of that examination and screening.

If employed, as a condition of continued employment, I agree to submit to drug screenings at the request of the Company or in accordance with the Company's policy. I understand that failure to cooperate with the testing may be grounds for dismissal.

In the event that I am employed by the Company:

1. I will comply with all rules and policies of the Company, including a request for a current personal photograph meeting the Company's specifications; and

2. I understand that my employment can be terminated at any time, with or without cause, either at my option or that of the Company; I understand that no personnel recruiter, interviewer or other representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time; I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract or contrary to at-will employment status.

I certify that the answers and information given in this employment application are true and correct to the best of my knowledge. I agree that false or misleading information given in my application or interviews may disqualify me from consideration, or, if I am hired, may be grounds for discharge from employment.

_____ _____

Date **Signature**

FOR COMPANY USE ONLY (To be filled in AFTER applicant is hired or refused employment)

Date employment offered _____ Date accepted _____ Date refused _____

Date employed _____ Date of Birth _____ ☐ Exempt ☐ Non-exempt

Department _____ Social Security No. _____

Job Title _____ Work Schedule (Hrs., Days, etc.) _____

Job No. _____

Maiden Name _____

In case of accident or other emergency who is the first person we should contact?

Name _____ Relationship _____ Telephone _____
(Home) (Business)

Address _____
(Number) (Street) (City) (State)

Address _____
(Place of Work) (City) (State)

Stock No. 11288

FIPCO™ FINANCIAL INSTITUTION PRODUCTS CORPORATION™

W.B.A. (FCRA) 604(b)(2) (8/11/97)

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DISCLOSURE REGARDING USE OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

Dear Applicant

We would like to obtain a consumer report regarding you to assist us in our evaluation of ☒ your application for employment ☐ your promotion, reassignment or retention as an employee of ours. The report may include information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. However, we cannot obtain such a consumer report unless you authorize us in writing to obtain a consumer report. We would like for you to authorize us to obtain such a report. You may do so by signing below.

If you authorize us to obtain a consumer report regarding you, we will provide a copy of the consumer report and a description of your rights under the Fair Credit Reporting Act to you before we take any adverse action regarding you which is based on the consumer report. Thank you for your cooperation.

Dated _____

Pioneer Bank
(Financial Institution Name and Address)

Auburndale, WI 54412

By _____
Tara C. Grube, HR Director

I authorize you to obtain a consumer report regarding me for the employment purpose described above. ☐ If checked here, I also consent to the inclusion of medical information in the report.

Dated _____.

X _____