



APPLICATION FOR EMPLOYMENT

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

Instructions: Application must be completed in full. Please use additional paper if necessary.

Last Name	First	Middle
Date		
Street Address		Home Telephone
City, State, Zip		Email Address
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Month and Year		Location
Please list any other names that you have used: _____		
When will you be available to begin work?		
Special training or skills:		
Position applying for: _____		
How did you hear about this position? _____		
Are you seeking work on a full time or part time basis? <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time		

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. This portion of the application must be completed even if you submit a resume. Please include periods of military service and self-employment.

Company Name	Telephone #
Address	Employed - (State month and year) From _____ To _____
Name of Supervisor	Weekly pay: Start _____ Last _____
State Job Title and Describe Your Work:	Reason For Leaving:

Company Name	Telephone #
Address	Employed - (State month and year) From _____ To _____
Name of Supervisor	Weekly pay: Start _____ Last _____
State Job Title and Describe Your Work:	Reason For Leaving:
<hr/>	
Company Name	Telephone #
Address	Employed - (State month and year) From _____ To _____
Name of Supervisor	Weekly pay: Start _____ Last _____
State Job Title and Describe Your Work:	Reason For Leaving:
<hr/>	
Company Name	Telephone #
Address	Employed - (State month and year) From _____ To _____
Name of Supervisor	Weekly pay: Start _____ Last _____
State Job Title and Describe Your Work:	Reason For Leaving:
<hr/>	
Company Name	Telephone #
Address	Employed - (State month and year) From _____ To _____
Name of Supervisor	Weekly pay: Start _____ Last _____
State Job Title and Describe Your Work:	Reason For Leaving:
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EDUCATION

Circle Last Year Completed: High School 1 2 3 4

School Name and Address: _____

Circle Last Year Completed: College 1 2 3 4

School Name and Address: _____

Degree: _____ Major/Minor _____

Describe other education or training:

Are you 18 years of age or older? Yes No

If no: Are you under age 16: Yes No

 If Yes, can you furnish a youth employment certificate from a New Hampshire High School? Yes No

If you are 16 or 17 years old, have you graduated from high school or obtained a GED? Yes No

 If you are 16 or 17 years old and answered no to the previous question, can you furnish a Parental Consent form to work at Savings Bank of Walpole signed by your parent or guardian? Yes No

Are you legally eligible for employment in the United States? Yes No

Proof of employee eligibility will be required of all applicants hired.

Have you ever been convicted of any criminal offense (either a misdemeanor or felony) that has not been annulled by a court involving dishonesty or breach of trust? Yes No

If yes, please explain the specific nature of the offense(s) and surrounding circumstances, including your age at the time of conviction (excluding any juvenile offenses) and any rehabilitation.

Have you been convicted of any criminal felony which has not been annulled by a court?

Yes No

If yes, please explain the specific nature of the offense(s) and surrounding circumstances, including your age at the time of conviction and any rehabilitation.

NOTE: conviction of a crime will not automatically result in your disqualification from consideration for employment. The seriousness of the crime, date of conviction, etc., will be considered in relation to the particular position(s) available or for which you have applied.

I CERTIFY THAT ALL THE ABOVE INFORMATION AND ANY RESUME ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION MAY RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR MY TERMINATION FROM EMPLOYMENT.

I understand that my employment is contingent upon a satisfactory background check that meets the Bank's obligations as an FDIC-insured institution and otherwise complies with any other applicable statute or law or regulatory requirement including. In order that Savings Bank of Walpole may process my application for employment, I hereby authorize Savings Bank of Walpole, its subsidiaries, officers, directors, employees, representative, agents, and authorized third party (hereinafter collectively referred to as "the Bank"): to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history, including my fitness for duty at all prior employment; education history; credit history; criminal record and military record, if any; to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information the Bank, in its sole discretion, deems as necessary to determine any eligibility for employment or for the purposes of confirming the accuracy or completeness of any information I have provided to the Bank.

As part of my application process, I may be required to authorize the Bank to conduct a consumer report or investigative consumer report on my background, and I agree to complete any necessary release forms authorizing the release of information by former employers, educational institutions, or other organizations or government entities contacted by the Bank as part of the reference and background check process. I understand that if I refuse to sign an authorization or release, I will no longer be considered for employment. All information obtained from any of these reference sources shall be kept confidential to the extent possible under the law.

In consideration for the processing of my application for employment with the Bank, I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Bank and all previous employers and other persons and organizations furnishing information in connection with the Bank's investigation into my background from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for employment with them. I further agree that the Bank and any such previous employers and other persons and organizations shall not be held liable in any respect if a job offer is not extended or is withdrawn by the Bank, or if my employment with my current employer or the Bank is terminated due to information provided in response to the processing of this application for employment.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Bank and still wish to be considered for employment, it will be necessary for me at that time to reapply and complete a new application.

I UNDERSTAND THAT THIS APPLICATION FOR EMPLOYMENT DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT AND THAT IF HIRED I WILL BE AN AT-WILL EMPLOYEE, MEANING THAT I CAN TERMINATE MY EMPLOYMENT OR THE BANK CAN TERMINATE MY EMPLOYMENT AT ANY TIME WITHOUT CAUSE OR NOTICE.

I ALSO UNDERSTAND THAT, IF HIRED, ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON PRODUCTION OF PROOF OF EMPLOYMENT ELIGIBILITY AND THE COMPLETION OF A FORM I-9.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS:

Signature _____

Date: _____

Please leave Blank

APPLICANT DATA RECORD

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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:

- Advertisement
- Friend
- Relative
- Employment Agency
- Walk In
- Other _____

CONFIDENTIAL INFORMATION

VOLUNTARY SELF-IDENTIFICATION INFORMATION

The Bank is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check One:

- Male
- Female

Check one of the following Race/Ethnic Groups:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian
- Two or more Races (Not Hispanic or Latino)

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

- Formal member of a particular tribe
- Have a membership card issued by the tribe
- Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
- Are considered an American Indian in your community
- Used American Indian School or hospital