



## APPLICATION FOR EMPLOYMENT

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.

Last Name	First	Middle
Social Security Number (optional)		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
When will you be available to begin work?		
Special training or skills:		
Position applying for: _____		
How did you hear about this position? _____		
You are able to work: <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.

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:

*Continued on Next Page*

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: 

<b>EDUCATION</b>					
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 over 18? Yes No. If No, can you furnish a youth employment certificate from a New Hampshire High School? Yes No

Have you ever been convicted of any criminal offense, either a misdemeanor or felony, 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, within the last five years which has not been annulled?

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.

Further, 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, and agents (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. In consideration for the processing of my application for employment with the Bank, I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Bank from any and all liability based on their authorized receipt, disclosure and use of the information gathered in processing my application for employment.

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.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please leave Blank

**APPLICANT DATA RECORD**

Applicants and Employees are treated during employment without regard to race, color, religion, gender, national origin, age, protected veteran status, disability, sexual orientation, gender identity, 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:

- Advertisement
- Friend
- Relative
- Employment Agency
- 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:

- Male
- Female

Check one of the following Race/Ethnic Groups:

- Hispanic or Latino
- Other

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

- White
- Black or African American
- Asian
- Two or more Races
- Native American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander

If Native 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

I am a Protected Veteran

Yes

No

**Definitions – Protected Veteran is one of the following:**

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 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.
4. 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A replica of that list is enclosed with the annual VETS-100A mailing. A copy of the list also may be obtained by sending an email to [helpdesk@vets100.com](mailto:helpdesk@vets100.com) or by calling (301) 306-6752 and requesting that a copy be mailed to you.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### 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.<sup>1</sup> 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  
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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.

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<sup>1</sup> 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](http://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.