

Southbridge Savings Bank

APPLICATION FOR EMPLOYMENT

800-939-9103 www.southbridgesavingsbank.com

AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE RESPONSIBLE HUMAN RESOURCES REPRESENTATIVE.

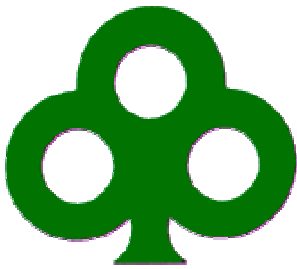
THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. APPLICATIONS WILL BE CONSIDERED FOR VACANCIES WHICH ARISE DURING THE 60 DAY PERIOD FOLLOWING SUBMISSION. APPLICANTS SHOULD COMPLETE AN UPDATED APPLICATION IF NOT CONTACTED AND/OR HIRED DURING THIS 60 DAY EVALUATION PERIOD.

PLEASE COMPLETE THIS FORM CAREFULLY IN YOUR OWN HANDWRITING. REPLIES TO ALL QUESTIONS WILL BE HELD IN STRICTEST CONFIDENCE. IF YOUR ANSWERS OR STATEMENTS REQUIRE ADDITIONAL SPACE, OBTAIN SUPPLEMENTAL SHEETS FROM THE RECEPTIONIST.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE FOR WHICH YOU ARE INTERESTED IN BEING CONSIDERED. INDIVIDUALS WHO EXPRESS AN INTEREST IN "ANY" POSITION, OR A GENERIC TITLE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

THE BANK IS COMMITTED TO MAINTAINING A WORKPLACE FREE OF THE PROBLEMS ASSOCIATED WITH DRUG OR ALCOHOL ABUSE. AS SUCH, ALL APPLICANTS ARE REQUIRED TO UNDERGO TESTING AS PART OF THE PRE-EMPLOYMENT PROCESS. IF YOU CURRENTLY USE ILLEGAL DRUGS, WE SUGGEST THAT YOU NOT COMPLETE THE APPLICATION PROCESS. A POSITIVE DRUG TEST WILL RESULT IN DISQUALIFICATION FROM EMPLOYMENT OR WITHDRAWAL OF ANY EMPLOYMENT OFFER.

POSITION SOUGHT: _____ DATE: _____



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Southbridge Savings Bank does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability, genetic information, veteran status, membership in the uniformed services or any other protected status. Also, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An Employer who violates this law shall be subject to criminal penalties and civil liability.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____ Salary Desired _____

Referral Source: Advertisement Relative/Friend Walk-In SSB Employee _____
 Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone _____ Social Security No. _____

Are you under 18 years old? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Do you have the legal right to work in the United States? Yes No

(according to Federal Law, work authorization documentation will be required upon employment)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Temporary

Can you travel if a job requires it? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	High	College/University	Graduate/Professional
Name of School			
Years Completed: Circle	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			

Honors Received:

Indicate any languages, other than English, that you speak, read and/or write. (Optional – Answer only if your knowledge of a foreign language is related to the job responsibilities of the position for which you are applying.)

	FLUENT	GOOD	FAIR
Speak	_____		
Read	_____		
Write	_____		

REFERENCES

Give name, address and telephone number of three references; not relatives

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/ Salary		
	Starting	Final	
Supervisor			Telephone Number
Reason For Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/ Salary		
	Starting	Final	
Supervisor			Telephone Number
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Employer	Dates Employed		Work Performed
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	From	To	
Address			
Job Title	Hourly Rate/ Salary		
	Starting	Final	
Supervisor			Telephone Number
Reason For Leaving			

Special Skills and Qualifications relevant to the position applied for (summarize from employment or other experience)

SEALED RECORD NOTICE

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

Within the past five years, have you been convicted of a misdemeanor? (applicants many answer “no” with respect to a first conviction for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.) Yes No

If yes, please explain _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

It is my understanding that this employment Application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by Southbridge Savings Bank. **I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either my employer or myself. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of Southbridge Savings Bank.** I understand that, if I am offered employment by Southbridge Savings Bank, I will be required to provide evidence of my identity and authorization for employment in the United States prior to the commencement of my employment. I further understand that any offer of employment will be contingent upon Southbridge Savings Bank’s receipt of satisfactory results of a pre-employment drug test and a pre-employment background check.

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past and present employment, education and all data provided by me on this application, in related papers and in interviews. I release from all liability all persons, companies, corporations and educational institutions supplying such information. I understand that if Southbridge Savings Bank hires me and my employment subsequently ends, Southbridge Savings Bank may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

I understand that false answers, statements or material omissions made by me on this form shall be grounds for denial of employment or discharge, regardless of when discovered by Southbridge Savings Bank.



Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____

Name and Title

SOUTHBRIDGE SAVINGS 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 | <input type="checkbox"/> 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:

- | | |
|--|--|
| <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:

- 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

[See definitions on next page]

Definitions

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Island.

Asian (Not Hispanic or Latino) – 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 Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.