

BRISTOL COUNTY SAVINGS BANK APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

PERSONAL

Date _____

Full Name _____ Telephone No. _____

Present Address _____

No. Street City State Zip

How long have you lived at present address? _____

Previous Address _____

Position(s) applied for _____

Do you prefer to work: _____ Full time _____ Part time

If your application is considered favorably, on what date would you be available for work? _____

Were you previously employed by us? _____ Yes _____ No

If yes, give date _____

Are you under 18 years of age? _____ Yes _____ No

Have you ever been convicted of a felony within the last 5 years? _____ Yes _____ No

Is any member of your immediate family employed here? _____ Yes _____ No

Are there any experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 ___	___ Yes	
			2 ___	___ No	
			3 ___		
			4 ___		
College			1 ___	___ Yes	
			2 ___	___ No	
			3 ___		
			4 ___		
Other (Specify)			1 ___	___ Yes	
			2 ___	___ No	
			3 ___		
			4 ___		

List below present and past employment, beginning with your most recent.
 You may include in such work history any verifiable volunteer work.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Telephone							
Supervisor							

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Telephone							
Supervisor							

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Telephone							
Supervisor							

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Telephone							
Supervisor							

I hereby give permission to contact the above employers concerning my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

IT IS UNLAWFUL UNDER MASSACHUSETTS LAW TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECTED TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, genetic information or military/veteran status. The laws of most states and many localities also prohibit some or all of the above types of discrimination, as well as, some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that, if employed, any false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment. I understand and agree that my employment is at-will and can be terminated by either party with or without notice at any time, for any reason or no reason at all. No one other than the President or the Executive Vice President of the Bank has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and then, only in writing signed by the President or the Executive Vice President. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant

FOR OFFICE USE ONLY

Position _____

Work Location _____

Rate _____

Start Date _____ Time _____

Training Location _____

**PRE-OFFER
VOLUNTARY SELF IDENTIFICATION FORM**

As a Government Contractor, subject to Executive Order 11246, Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, Bristol County Savings Bank takes affirmative action to actively recruit, employ and advance in employment qualified minorities, females, qualified disabled individuals, Armed Forces service medal veterans, recently separated veterans, qualified disabled veterans and other protected veterans.

The information on this form helps us comply with Federal and State Equal Employment Opportunity requirements and our Affirmative Action Program. Note that the completion of this form is voluntary on your part. Completed forms will be maintained in a file separate from employment applications and will not be used to discriminate against or show preference for any applicant. Employer will keep such information confidential, except that government officials investigating Employer for affirmative action compliance may be informed.

If you choose to provide us with this information, you may do so at this time or at any time in the future.

Name: _____

Date: _____ Sex: Male Female

Please specify your Race/Ethnic classification by first indicating whether you consider yourself to be Hispanic or Latino:

Hispanic or Latino Yes No

If you are not Hispanic or Latino, please check one or more of the following racial categories:

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

For information regarding the definitions of the foregoing racial/ethnicity categories, please see the attached sheet or contact employer's Human Resources Department.

Are you an Armed Forces service medal veteran? Yes No

Are you an "other protected veteran?" Yes No

Are you a recently separated veteran? Yes No

If you wish to review Employer's Affirmative Action Plan for Disabled Individuals, Armed Forces Service Medal Veterans, Recently Separated Veterans, Disabled Veterans and Other Qualified Veterans, you may make arrangements with Dawn Dow, Vice President in the Human Resources Department.

For information regarding definitions of any of the terms above, see the attached sheet or contact the Human Resources Department.