

# Savers Bank

270 Main Street PO Box 250 Southbridge, MA 01550  
508-764-4329 www.saversbank.com

## **APPLICATION FOR EMPLOYMENT**

Applicants for employment are considered without regard to race, color, religion, sexual orientation, marital status, veteran's status, national origin, ancestry, age or handicap. 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 will be subject to criminal penalties and civil liability.

Date of Application: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip

Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you under 18?  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 Have you ever been employed here?  Yes  No

If yes, give date: \_\_\_\_\_

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

(According to Federal Law, work authorization documents will be required upon employment.)

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On what date would you be available to work? \_\_\_\_\_

Employment Desired?  Full Time  Part Time

Are you a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

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## **SEALED RECORD NOTICE**

Applicants having sealed conviction records on file with the Commission of Probation may answer "no" to the following:

Within the past five years, have you been convicted of a misdemeanor?  Yes  No

If yes, please explain \_\_\_\_\_

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Have you ever been convicted of a felony?  Yes  No

If yes, explain. \_\_\_\_\_

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Are you a veteran of the United States military service?  Yes  No

If yes, what branch? \_\_\_\_\_

Please describe any special skills or training acquired while in the service:

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**AN EQUAL OPPORTUNITY EMPLOYER**  
**INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES**

Savers Bank is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our Company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

**EEO RACE / ETHNIC CATEGORIES:**

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture of 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, Guam, Samoa, or other Pacific Islands.

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 race categories.

Please check all that apply.

<b><u>Race or Ethnic Identity</u></b>	<b><u>Gender</u></b>	<b><u>Veteran Status</u></b>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander		
<input type="checkbox"/> Asian		
<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Two or More Races		

**HOW WERE YOU REFERED TO THIS JOB?**

- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Employee Referral            | <input type="checkbox"/> School / College | <input type="checkbox"/> Recruiter |
| <input type="checkbox"/> State job Service | <input type="checkbox"/> Employment Agency            | <input type="checkbox"/> Temporary Agency | <input type="checkbox"/> Walk In   |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Other (Please Specify) _____ |   |                                    |

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>Employer</b>	<u>Dates Employed:</u> <u>From</u>	<u>Work Performed</u>
Address	<u>To</u>	
Job Title	<u>Hourly Rate / Salary</u> <u>Starting</u>	
Supervisor	<u>Final</u>	
Reason For Leaving	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Employer</b>	<u>Dates Employed:</u> <u>From</u>	<u>Work Performed</u>
Address	<u>To</u>	
Job Title	<u>Hourly Rate / Salary</u> <u>Starting</u>	
Supervisor	<u>Final</u>	
Reason For Leaving	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Employer</b>	<u>Dates Employed:</u> <u>From</u>	<u>Work Performed</u>
Address	<u>To</u>	
Job Title	<u>Hourly Rate / Salary</u> <u>Starting</u>	
Supervisor	<u>Final</u>	
Reason For Leaving	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experiences:

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**REFERENCES**

Give the name, address and telephone number of three references who are not related to you.

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<u>Type of School</u>	<u>Name of School</u>	<u>Location</u>	<u>Number of Years Completed</u>	<u>Major &amp; Degree</u>
High School				
College				
Graduate School				
Business or Trade school				
Professional School				
<b>Special Honors or Licenses Held:</b>				

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or of future benefits by this organization. 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 myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

I acknowledge that any other offer of employment is conditioned upon my passing a medical examination the sole purpose of which is to determine whether, with or without reasonable accommodation, I am capable of performing the essential functions of the job for which I am hired: and I understand that said examination will include a screening for foreign substances.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize Savers Bank to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

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**Signature**

**Date**

**For Human Resource Department Use Only**

**Arrange Interview:**  Yes  No **Date of Interview** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Employed:**  Yes  No **Date of Employment** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Hourly Rate/Salary** \_\_\_\_\_ **Dept** \_\_\_\_\_

**By:** \_\_\_\_\_

**Name and Title**

**Date**