

Employment Application



General Information

First name	Middle initial	Last name	Social Security Number — — —	
Address		City	State	Zip Code
Cell phone number		Other phone number		
E-mail address		Are you legally allowed to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of legal age to work?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of or pled guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please describe the nature and dates of the conviction, and the date of release from prison: _____ _____				

Job Interest

Position desired:				Salary desired:			
How were you referred to State Savings Bank?							
<input type="checkbox"/> Advertisement (publication): _____				<input type="checkbox"/> Employee referral: _____			
<input type="checkbox"/> Employment Agency: _____				<input type="checkbox"/> Other: _____			
Have you ever previously applied for employment with State Savings Bank?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, when?: _____		Location: _____	
Have you ever been employed by State Savings Bank?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, when?: _____		Location: _____	
Are you acquainted with or related to any State Savings Bank employee?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, please identify employee: _____		Relationship: _____	
Date available to start				Available to work:			
				<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time	
				<input type="checkbox"/> Temporary			
Hours available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Education

School name	City and state	Major course of study	Highest grade completed
High school			
College			
Graduate			
Business, technical, or trade			
Activities, honors, offices held:			
Other job-related training:			

Military Service

Branch / duty location	Military specialty	Highest rank	Special honors, special training and/or service schools attended

Employment History (list most recent first)

Employer	Supervisor's name	Employment dates	Pay or salary
Address		To: From:	Start: Final:
Phone number	Last job title		
Reason for leaving:			
Duties performed; skills or programs used; advancements or promotions:			

Employer	Supervisor's name	Employment dates	Pay or salary
Address		To: From:	Start: Final:
Phone number	Last job title		
Reason for leaving:			
Duties performed; skills or programs used; advancements or promotions:			

Employer	Supervisor's name	Employment dates	Pay or salary
Address		To: From:	Start: Final:
Phone number	Last job title		
Reason for leaving:			
Duties performed; skills or programs used; advancements or promotions:			

Additional Information

Would you consider relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you travel if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, any limitations?: _____
What professional or job-related licenses/certifications do you hold?	
What office equipment, computer programs, operating systems, and/or data entry programs have you used?	

Personal References

Please provide the names and information of two people to whom you are not related and by whom you have not been employed.				
Name	Address (please be specific)	Phone number	Occupation	Years known

Initials

Please carefully read and initial next to the the following statements, as they constitute conditions for employment with State Savings Bank:

- _____ 1. I certify that I have read and fully completed all pages of this application and that the information that I have provided on this application is accurate and true to the best of my knowledge.
- _____ 2. The persons, schools, current and prior employers, and other organizations or employers named in this application, or on any reference list provided by me, are authorized by me to verify the information I have provided, to provide any information they have regarding me, whether or not it is in their records, and to provide State Savings Bank with information that may be requested by State Savings Bank to arrive at an employment decision. I agree that a photocopy of this authorization may be accepted with the same authority as the original. I agree that neither State Savings Bank nor the providers of information will be violating my right to privacy in any manner. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release State Savings Bank from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
- _____ 3. I understand that any misrepresentation or omission of a fact on my application or resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination of employment.
- _____ 4. I will be able, if hired, to certify that I am immediately authorized to work in the United States of America for State Savings Bank, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
- _____ 5. I agree that I will, if employed, immediately read State Savings Bank's Employee Handbook and that I will conduct myself in accordance with that and all other State Savings Bank policies, rules and regulations throughout my employment with State Savings Bank. I agree that violation of any policy, rule or regulation may result in my immediate termination.
- _____ 6. I understand that because State Savings Bank wishes to, among other things, provide and maintain a safe and efficient working environment, State Savings Bank will not employ persons who use illegal drugs and/or abuse alcohol or legal drugs, and that State Savings Bank retains and exercises the right to screen from employment such individuals. In fact, I agree and consent that I may be required to take a drug test. Further, I agree to abide by State Savings Bank's Drug-Free Workplace Policy, a copy of which will be provided if I am employed by State Savings Bank.
- _____ 7. Although State Savings Bank makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
- _____ 8. I agree to protect confidential information, trade secrets, and proprietary information of State Savings Bank, and of State Savings Bank's vendors, licensors, marketing partners or clients entrusted to State Savings Bank.
- _____ 9. I agree that any action or suit against State Savings Bank arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.
- _____ 10. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either State Savings Bank or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment other terms and conditions of my employment may change, the at-will basis of my employment will not change. I understand that no one other than the President of State Savings Bank may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the President.
- _____ 11. If any provision of this agreement is invalid or unenforceable, the balance of this agreement shall remain in effect.

Applicant's signature: _____

Date: _____