

Employment Application



St. Mary's Bank

Thank you for your interest in employment at St. Mary's Bank. Please review the positions that are currently open before completing this application. We only accept applications that indicate the open position that you are applying for.

Recruitment Contact Information:

Pamela A. Roy
VP, Human Resources Manager
Tel 603.629.1562
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Merideth L. Gurall (*Teller Recruiter*)
Human Resources Officer
Tel 603.629.1560
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St. Mary's Bank Employment Application

An Equal Opportunity Employer

We are an equal opportunity employer and do not unlawfully discriminate against any applicant because of race, color, religion, sex, national origin, citizenship, age, disability, sexual orientation, marital status, veteran/reserve/national guard or any other class protected by federal or state law.

Personal Information

Name _____
Last First Middle Initial

Current Address _____
Street City State Zip

Current Phone Number () _____ Other Phone Number () _____

Social Security Number _____ Email Address _____

Are you legally authorized to work in the U.S.? Yes No

Are you 18 years or older? Yes No

By LAW, PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED OF ALL APPLICATIONS WITHIN 72 HOURS OF COMMENCEMENT OF EMPLOYMENT.

Referral Source

Walk-in Employee Relative School Advertisement (Source) _____

Government Employment Agency Private Employment Agency Other _____

Employment Desired

Open position applied for (required) _____

Salary desired \$ _____ per _____

Are you employed now? Yes No

If so, may we inquire of your present employer? Yes No

Have you ever filed an application with St. Mary's Bank before? Yes No

If so when? _____

Have you ever been employed by St. Mary's Bank before? Yes No

If so when? _____ What position? _____

Are you applying to work Full-time Part-time Temporary Days Evenings

Dates available for work _____ Total hours available _____

Will you work overtime if necessary? Yes No If yes, how many hours per week? _____

Experience*Start with your present or last job held and provide the following information:*

Employer	Telephone #	Dates of Employment	Compensation (Starting)	
Address: Street, City, State, Zip		Month/Year to Month/Year	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Starting job title		Final job title	Commission / Bonus / Other Compensation \$	
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.			Commission / Bonus / Other Compensation \$	

Employer	Telephone #	Dates of Employment	Compensation (Starting)	
Address: Street, City, State, Zip		Month/Year to Month/Year	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Starting job title		Final job title	Commission / Bonus / Other Compensation \$	
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.			Commission / Bonus / Other Compensation \$	

Employer	Telephone #	Dates of Employment	Compensation (Starting)	
Address: Street, City, State, Zip		Month/Year to Month/Year	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Starting job title		Final job title	Commission / Bonus / Other Compensation \$	
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.			Commission / Bonus / Other Compensation \$	

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not previously addressed, have you ever been fired or asked to resign from a job? Yes No
If yes, please explain.

Education

Starting with your most recent school attended, provide the following information:

	High School	Trade or Technical School	College	Graduate School or Professional Courses
Name of School				
City and State				
Number of Years Completed				
Course of Study or Major				
Honors Received				

Please indicate any skills you have that may be relevant to the position for which you are applying:

Describe any specialized study, job training, apprenticeships, or extracurricular activities:

Criminal

1. Have you been convicted of a crime that has not been annulled? Yes No

If so, list nature of offense, dates of conviction, and dates of any incarceration associated therewith:

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Note: A conviction will not necessarily be a bar to employment.

References

Give the names of three persons not related to you, who have known you at least one year, at least two of which are work references.

Name	Address	Relationship	Years Known	Telephone Number

NOTICE TO APPLICANT

THE FOLLOWING SECTION CONTAINS IMPORTANT INFORMATION REGARDING YOUR LEGAL RIGHTS AND CONTAINS IMPORTANT CERTIFICATIONS AND RELEASES OF LIABILITY. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I hereby authorize St. Mary's Bank to contact any of the above references. I further authorize such references to release any information concerning me as they deem appropriate. I release and forever discharge St. Mary's Bank, its agents or employees, and the above named references, their agents or employees, from any and all liability, suits or causes of action arising in any manner from St. Mary's Bank contacting such references.

I understand that this Release prevents me from instituting any claim, lawsuit or other legal action based on any information any reference provides St. Mary's Bank.

Upon termination, I authorize St. Mary's Bank to provide information to my prospective employers regarding my employment history and performance and hereby release St. Mary's Bank and any person employed by it or associated with it from all liability in connection with the provision of such information.

I understand that, if hired, I shall be employed "at will" and that nothing contained in St. Mary's Bank's employment application, personnel policies or other written documents, nor any oral statements made to me by St. Mary's Bank's representatives in connection with my application for employment or at any other time, shall constitute an express or implied employment contract. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time with or without notice or cause.

I certify that the facts contained in this Application are true and complete to the best of my knowledge and understand that, if employed, falsified, omitted, or misrepresented statements on this Application may constitute grounds for dismissal.

By signing below, I acknowledge that I have read, understood and voluntarily agree to the above.

Applicant Signature _____ Date _____

Disclosure to Applicant & Consent to Request Consumer Report Information

I understand that St. Mary's Bank will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, St. Mary's Bank may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, and liens. I understand that a criminal background check may include obtaining any information about my criminal conviction background consistent with federal and state law without time limitations.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify St. Mary's Bank within two days of my receipt of the report. If I notify St. Mary's Bank within two days of the receipt of the report that I am challenging information in the report, St. Mary's Bank will not make a final decision on my employment status until after I have had a reasonable opportunity to address accuracy of the information contained in the report.

I hereby consent to this investigation and authorize St. Mary's Bank to procure a report on my background as stated above from a consumer reporting agency.

Applicant Signature _____ Date _____

Affirmative Action Voluntary Information

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Phone Number () _____

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino (White race only) |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Latino (all other races) |
| <input type="checkbox"/> Black/African American | |

Invitation to Veterans and/or Disabled

St. Mary's Bank is subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era and qualified individuals with disabilities.

If you are a veteran of the Vietnam era or a special disabled veteran, or if you have a disability, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

Information you submit will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the OFCCP or the Americans with Disabilities Act, may be informed. The information will be used only in ways that are not inconsistent with section 503 of the Rehabilitation Act and/or the Vietnam Era Veterans Readjustment Assistance Act.

If you are a disabled veteran or qualified individual with a disability, it would assist us if you tell us about any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, so that you will be considered for any positions of that kind.

As stated above, this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be used only in accordance with the above mentioned acts. Your voluntary cooperation is greatly appreciated.

Name _____ Position _____

Vietnam Era Veterans:

1. Did you serve on active duty for more than 180 days and did any part of such duty occur in the Republic of Vietnam between 02/28/61 and 05/07/75, or in all other cases between 08/05/64 and 05/07/75?
 Yes No
2. Were you discharged or released from the above active duty for reasons other than a dishonorable discharge (including but not limited to being discharged or released for a service-connected disability)?
 Yes No

Special Disabled Veterans:

1. Are you entitled to disability compensation (or would be eligible for such compensation but for the receipt of military retired pay) by the Department of Veterans Affairs for a 30% or more rated disability?
 Yes No
2. Are you entitled to disability compensation by the Veterans' Administration for a 10% or 20% rated disability and have been determined by the Department of Veterans Affairs to have a serious employment handicap?
 Yes No

Disability:

1. Were you discharged or released from active duty because of a service-connected disability?
 Yes No
2. Do you have a physical or mental impairment, which substantially limits one or more of your major life activities?
 Yes No

Methods / Skills / Procedures: