



Employment Application

Beacon Federal APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

We consider applicants for employment without regard to age, race, color, creed, religion, sex, sexual orientation, genetic identity or expression, national origin, citizenship, disability, marital status, military status, predisposition or carrier status, veteran's status, domestic violence victim status or any other status protected by state or federal laws. 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 individual responsible for Human Resources.

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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How Did You Learn About Us: (Simply double click on the appropriate response)

- Advertisement
 Beacon Employee
 College
 Employment Agency
 Internet
 Newspaper
 Relative / Friend
 Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s): (Please include area code)		Social Security Number: (Optional)	

Best time to contact you at home is:

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, please give date(s):

Have you ever been employed with us before? Yes No
If yes, please give date(s):

Do any of your friends or relatives work here? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of any violation of law other than a minor traffic offense? Yes No
If yes, please give date of the violation:
 Type of offense:
 Name and location of court:

Are you available to work:
 Full-Time
 Part-Time (Please indicate time(s) available - Morning Afternoon)

Date available for work: _____ **What is your desired salary range?** _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

EDUCATION

	Name & Address	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship or skills.

List professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal race, religion, national origin, age, disability or any other status protected by state or federal law.

Other Qualifications:

Summarize special job-related skills and qualifications acquired for employment or other experience. Include information only to the position(s) sought. Exclude membership that would indicate race, sex, marital status, sexual orientation, national origin, membership, religious or political affiliations.

Specialized Skills: (Check all skills that apply)

- Terminal Spreadsheet Other _____
 PC / MAC Word Processing
 Typewriter WPM:

State any additional information you feel may be helpful to us in considering your application.



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EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or any other status protected by state or federal law. We will contact all PREVIOUS employers listed below as a reference. If you need additional space, please continue on a separate sheet of paper.

Current or Previous Employer	Dates Employed		Description of Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
Name of Supervisor	Starting	Final	
Reason for Leaving			

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REFERENCES

Professional References:

Name	Relationship to You	Phone Number
Address		

Name	Relationship to You	Phone Number
Address		

Personal References:

Name	Relationship to You	Phone Number
Address		

Name	Relationship to You	Phone Number
Address		

Note to the Applicant:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING FOR. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No



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Applicant's Statement

I certify that the answers herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employee relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that "at will" employee relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all the rules and regulations of the employer.

I give my consent for former employers and other contacted person(s) to respond to questions pertaining to information on this application. I release from liability such former employers or other person(s) contacted by and providing information to Beacon Federal.

Signature of Applicant	Date

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. We comply with government regulations, including affirmative action responsibilities where they apply.

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. 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

Address: _____
Number Street City State Zip Code

Referral Source:

- Advertisement
- Employment Agency
- Friend
- Relative
- Walk-In
- 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:

- Asian
- Black or African American
- Native American Indian/Alaska Native
- Native Hawaii
- White
- Two or more Races

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.