



EMPLOYMENT APPLICATION

PLEASE PRINT		Today's date: _____		
_____	_____	_____	_____	
First Name	M.I.	Last Name	Preferred Name/Nickname	
_____	_____	_____	_____	_____
Street Address	Apartment #	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	
Home Phone	Alternate/Work Phone		E-Mail Address	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION				
Are you interested in: Full-time _____ Part-time _____ Temporary _____				
What schedule would you prefer? Weekdays _____ Weekends _____ Evenings _____ Nights _____				
How did you hear about the position? Classified Ad _____ Friend (Name) _____ Radio _____ Internet _____				
Desired Pay:				
Hourly Pay (minimum if applicable) _____ Annual Pay (minimum) _____ Annual Pay (desired) _____				
When are you able to start work? (Date) _____				
In what local area do you prefer to work? _____				
Position desired: _____				

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Are you authorized to work in the United States? Yes _____ No _____	
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, New Buffalo Savings Bank will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
Are you under 18 years of age? Yes _____ No _____ If yes, can you furnish a work permit? Yes _____ No _____	

NBSB is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, NBSB complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. NBSB also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes ____ No ____

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

Massachusetts applicants may include any verified work performed on a volunteer basis.

FROM ____/____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
	TO ____/____ MO. YR.	TELEPHONE NUMBER ()		TERMINATION REASON
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
FROM ____/____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
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	TO ____/____ MO. YR.	TELEPHONE NUMBER ()		TERMINATION REASON
		<input type="checkbox"/> VOLUNTARY		
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TO ____/____ MO. YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ()	TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
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		\$	\$	
	TELEPHONE NUMBER ()	TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM ____/____	TO ____/____ -	HOW DID YOU SPEND THIS TIME? _____

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references – not of relation

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nulled)

Yes _____ No _____

If yes, please describe:

*** PLEASE NOTE: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.**

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____



Reference Release Form

Applicant Name: _____	Social Security Number: _____
Previous Employer Name: _____	
Address: _____	
Contact: _____	Phone Number: _____
Job Title: _____	
Dates of Employment: From: _____ To: _____	
Wage at termination: \$ _____	

The above named applicant has indicated that he/she was employed with your organization. Please verify the information shown above and provide any additional information by answering the questions below. We appreciate your cooperation and will hold all information provided in strict confidence.

Thank you,

Human Resource Department

I authorize the above named former employer to provide reference information concerning my employment with their organization. I release the company, its officers, directors, agents and employees of _____ (company) from all liability arising from the release or obtaining of such information.

Signature

Date

Printed Name



Credit Report Disclosure and Authorization Form

As part of the application process for employment or, if you are offered employment, at any time during your employment, New Buffalo Savings Bank may obtain a consumer credit report from a consumer reporting agency (CRA) for employment purposes concerning background checks, credit worthiness, credit standing and credit capacity.

You may request a copy of your credit report through the Human Resources Department.

If you disagree with the contents of the report, you may contact the CRA directly and request an investigation. The Human Resources Department must be notified within two business days of your receipt of the report that you dispute the information contained in the report. New Buffalo Savings Bank will delay any final decision regarding your employment status until you have had reasonable opportunity to challenge the report.

If the contents of the report are used to deny employment or enact an adverse employment action, the Human Resources Department will issue you written notification, a copy of the report and a summary of your rights under the Fair Credit Reporting Act.

Applicant authorization:

I consent to this investigation and authorize *New Buffalo Savings Bank* to obtain a consumer credit report on my background as part of the pre-employment screening process and acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act.

Name (printed)

Date of Birth

Social Security #

Signature

Date