



**APPLICATION FOR EMPLOYMENT**

(Please print clearly and sign where indicated)

**CHECK ONE:**

FULL-TIME     PART-TIME     TEMPORARY/SEASONAL

**POSITION DESIRED**

<b>Salary Desired</b>	<b>Date Available</b>

Beverly Bank (the "BANK" is an Equal Opportunity Employer. The Bank offers equal employment opportunity to all applicants for employment and all employees regardless of sex, sexual orientation, gender identity, age, race color, religion, national origin, ancestry, marital status, veteran status, military service, disability, genetic information, participation in the Bank's group health insurance plan, receipt of free medical care, or any other status protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment.

**PLEASE PRINT**

<b>LAST NAME</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>EMAIL ADDRESS</b>
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
			<b>HOME TELEPHONE</b> (    )
Are you 18 years or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are hired, will you be able to submit proof of the above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or will you at any time be seeking visa sponsorship?			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<b>MOBILE TELEPHONE</b> (    )
			<b>WORK TELEPHONE</b> (    )
How did you become aware of the position(s) for which you are applying?			
<input type="checkbox"/> Walk-In <input type="checkbox"/> College/Recruiting <input type="checkbox"/> Other: _____ <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend                      Name of Referral Source: _____ <input type="checkbox"/> Employment/Search Agency <input type="checkbox"/> Employee			
Person to contact in an emergency:			
Name:		Relationship to you:	Telephone:
Please list any relatives employed by the Bank:			
Name:		Location and Position:	Relationship to you:
What hours and days are you available to work?			
_____	_____	_____	_____
Mon.	Tues.	Wed.	Thurs.
_____	_____	_____	_____
Fri.	Sat.	Sun.	
What is the total number of hours you are available to work per week? _____			
Will you work overtime if asked?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on layoff or subject to recall?			<input type="checkbox"/> Yes <input type="checkbox"/> No

### EMPLOYMENT HISTORY

Have you ever been employed by the Bank?  Yes  No

If yes, give position, dates of employment and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Have you ever previously filed an application with the Bank?  Yes  No

Are you presently employed?  Yes  No

Have you ever been discharged from a position?  Yes  No

If yes, please provide details (date and reason(s) for discharge): \_\_\_\_\_  
\_\_\_\_\_

List all of your places of employment, beginning with the most recent. You may include work performed on a volunteer basis. Please account for any time period(s) between positions when you were not working. The Bank may contact any of these persons or entities to obtain an employment reference.

Name and Address of Employer: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employed (Month and Year):

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Full-Time  Part-Time  Temporary

Describe Your Job Title, Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employed (Month and Year):

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Full-Time  Part-Time  Temporary

Describe Your Job Title, Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ Type of Business: \_\_\_\_\_

Employed (Month and Year):  
 From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Full-Time  Part-Time  Temporary

Describe Your Job Title, Duties and Responsibilities:  
 \_\_\_\_\_

Please use additional pages, if necessary.

**MILITARY EXPERIENCE**

Have you ever had U.S. military experience?  Yes  No If yes, branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
 Duties Performed? \_\_\_\_\_

**EDUCATION AND TRAINING**

Name of School and Address	Number of Years Attended	Course of Study or Major	Did You Graduate?	Diploma/Degree and Grade Point Average
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SPECIAL SKILLS AND QUALIFICATIONS**  
 Summarize any special job-related skills and qualifications, including professional licenses and/or certifications (please indicate the applicable organization, state issued, date issued and number).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HONORS AND ACTIVITIES**  
 List any academic, social, civil or professional honors or activities you have received or participated in during your education or professional career.

\_\_\_\_\_

\_\_\_\_\_

**LANGUAGE SKILLS**

List any language(s) other than English in which you are proficient including Sign Language or Braille.

Language	Simple Conversation	Simple Reading	Read/Speak Fluently

**TYPING/COMPUTER SKILLS**

\_\_\_\_\_ w.p.m.

*Word Processing*    Microsoft Word       Other \_\_\_\_\_  
*Spreadsheet*         Excel                                       Other \_\_\_\_\_

Other Computer Skills

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL AND PROFESSIONAL REFERENCES (DO NOT LIST RELATIVES)**

Name, Occupation, Title And Relationship to You	Company	Address	Telephone Number	Number of Years Known

**PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTION UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.**

Do you believe that you would be able to perform the essential functions of the position(s) for which you are applying, with or without a reasonable accommodation?

Yes    No

**RESTRICTIVE COVENANTS AND CONFLICTS OF INTEREST**

Have you signed any agreements with your current or former employers that impose any restrictions on your work for others (this includes, but is not limited to, agreements regarding confidentiality, non-disclosure, non-solicitation of customers or employees, or non-compete agreements)?

Yes  No      If yes, you may be asked to provide relevant sections(s) of any agreement(s).

Are you currently engaged in any business activity including, but not limited to, acting as an employee (including self-employment, director or officer), consultant, agent or in any other capacity with any business that may potentially be in conflict with your duties at the Bank, if you are hired?

(Note: If you are employed by the Bank, you may not engage in any outside business activities without the express written approval of Human Resources.)

Yes  No      If yes, please describe the nature of the business activity.

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**CERTIFICATION (PLEASE READ CAREFULLY BEFORE SIGNING)**

I hereby certify and affirm that the information provided in conjunction with the application process, including the information provided on this Application for Employment and any resume submitted, is true, accurate, and complete and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby authorize the Bank to investigate all information pertinent to my Application for Employment in order to determine my qualifications for employment which will include contacting former and/or current employers or any person or entity listed on this Application for Employment. I hereby authorize all persons and entities having information relevant to my application to provide that information to the Bank and I hereby agree to hold harmless the Bank and all those providing information to the Bank from any liability arising out of or as a result of the request for, provision of, or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to the Bank or if I violate any of the provisions of this Certification. I further understand that if I am hired by the Bank, I must abide by all rules and policies of the Bank which, other than the "at-will" employment policy, may be changed without notice at the discretion of the Bank.

I understand that completion of this Application for Employment does not assure me of a position with the Bank. I also understand that neither this Application for Employment nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be "at-will." As such, any employment relationship I may have with the Bank may be terminated at any time, for any reason or no reason, by me or the Bank. I understand that no representative of the Bank, other than the President/Chief Executive Officer, has the authority to enter into any agreement for employment with me contrary to the foregoing.

I understand that in connection with my application for employment with the Bank, I will be required to sign a consent form for a Criminal Offender Record Information (CORI) background check. I further understand that my CORI check information may be utilized by criminal justice officials and the Bank's CORI Reviewers.

I understand that any omission, misrepresentation, or falsification in conjunction with this application process may be grounds for denial of employment or, if hired, immediate termination of employment. I also understand that any offer of employment, and continued employment, are conditioned upon the satisfactory completion of a background check (which will include, but is not limited to, the CORI background check referenced and a credit check), as determined in the sole discretion of the Bank.

I understand that information, data, and records provided or disclosed by or on behalf of the Bank or that I otherwise learn in the course of dealing with the Bank shall be deemed confidential and/or proprietary information. I understand that no right or license, either expressed or implied, is granted to use or disseminate any confidential and/or proprietary information.

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 shall be subject to criminal penalties and civil liability.

Applicant's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

# EEO-1 Self-Identification Form

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The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

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(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Sources:     Advertisement     Friend     Relative     Walk-In  
                           Employment Agency     Company Website     Other

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Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
          LAST                            FIRST                            MIDDLE

Address \_\_\_\_\_  
          NUMBER                            STREET                            CITY                            STATE                            ZIP CODE

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## EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: \_\_\_\_\_

Check one:             Male             Female

**{Please Finish Survey on Back of Page}**

## EEO-1 Survey (Continued)

### ***Ethnicity:***

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

***Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:***

What is your race? Select **ONE** of the following categorie(s):

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**– 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.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five races.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
  - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
  - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
  - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

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FOR PERSONNEL DEPARTMENT USE ONLY

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Position(s) Applied For Is Open:     Yes             No

Position(s) Considered For: \_\_\_\_\_ Date \_\_\_\_\_

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## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.