

# Application for Employment

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy, sexual orientation and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State ZIP Code  
Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_  
☐ Home ☐ Cellular/Other

May we contact you at work?..... ☐ Yes ☐ No

If yes, work number and best time to call:

( ) \_\_\_\_\_

If you are under 18 and it is required,  
can you furnish a work permit?..... ☐ N/A ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before?..... ☐ Yes ☐ No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? ..... ☐ Yes ☐ No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment  
following an extended military leave of absence  
from this company? ..... ☐ Yes ☐ No

If yes, additional information may be requested.

Are you lawfully authorized to work  
in the United States? ..... ☐ Yes ☐ No

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time  
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No

Other than time off for reasons related to your religion, a disability,  
or a medical condition, are there any days or times when you are  
unavailable to work? \_\_\_\_\_

Will you work overtime if required? ..... ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which  
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's  
"essential functions" to respond

Driver's license number required if driving may be required in  
the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?..... ☐ Yes ☐ No

Have you entered into an agreement with any former employer or  
other party (such as a noncompetition agreement) that might, in any  
way, restrict your ability to work for our company? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below (employer to list applicable exemptions):

## Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer	Telephone # (      )				
Street address	City	State			
Starting job title/final job title	Dates employed	Month	Year	Month	Year
	/			/	
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer	Telephone # (      )				
Street address	City	State			
Starting job title/final job title	Dates employed	Month	Year	Month	Year
	/			/	
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
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Employer	Telephone # (      )				
Street address	City	State			
Starting job title/final job title	Dates employed	Month	Year	Month	Year
	/			/	
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer	Telephone # (      )				
Street address	City	State			
Starting job title/final job title	Dates employed	Month	Year	Month	Year
	/			/	
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

## Employment History (continued)

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

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If not addressed on previous page, have you ever been fired or asked to resign from a job? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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## Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

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Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

☐ Word Processing \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Internet \_\_\_\_\_ Level: \_\_\_\_\_

☐ Spreadsheet \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ Presentation \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ E-mail \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

## Educational Background

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

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

\_\_\_\_\_

List special accomplishments, publications, awards, etc. \_\_\_\_\_

\_\_\_\_\_

List any relevant volunteer work. \_\_\_\_\_

\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy, sexual orientation and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

### Mandatory Employer Disclosures

**Notice to Illinois applicants:** Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction. **Notice to Indiana applicants:** This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment. **Notice to Maryland applicants:** UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. **Notice to Massachusetts applicants:** 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. **Notice to North Dakota applicants:** This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. **Notice to Rhode Island applicants:** This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Release of Information for Background Check

BCT requires background checks for employment purposes on all applicants being considered for hire. I understand the scope of such information may include, but is not limited to, the following areas: verification of social security number; current and previous residences; criminal history, including records from any criminal justice agency in federal, state, or county jurisdictions; motor vehicle records, including traffic citations; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me. I understand that I must provide my date of birth in order to adequately complete each search and I acknowledge that my date of birth will not affect any hiring decisions.

1. Name (First, Middle, Last) \_\_\_\_\_
2. Maiden Name \_\_\_\_\_
3. Social Security Number \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Current Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

BCT applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees in order to facilitate a background check.

## Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, 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. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Walk-in                       | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                      | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source: _____ | <input type="checkbox"/> Other _____                  |  |

Name of person who referred you (if applicable) \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

☐ Male ☐ Female

## EEO Self Identification

Please check the box (only one) that best applies to you:

- ☐ **Hispanic or Latino**-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin; Regardless of race.
- ☐ **White** (Not Hispanic or Latino)-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American** (Not Hispanic or Latino)-A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino)-A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **Asian** (Not Hispanic or Latino)-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.
- ☐ **American Indian or Alaska Native** (Not Hispanic or Latino)-A person having origins in any of the original peoples of North and South

America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Two or More Races** (Not Hispanic or Latino)-All persons who identify with more than one of the races above, excluding Hispanic or Latino.

## Veteran Status Information

This employer is a government contractor subject to 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 disables veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans. If you are a veteran of the Vietnam era, recently separated veteran, or other protected veteran, 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. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of special disables 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 OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

**Please check all boxes that apply to you:**

- ☐ **I am a veteran of the Vietnam era.** A person who: (a) served on active duty for a period of more than 180 days, and was discharged or Released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam Between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged Or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places Specified under (a).
- ☐ **I am a recently separated veteran.** Any veteran during the one-year period beginning on the date of such veteran's discharge or Release from active duty.
- ☐ **I am an other protected veteran.** A person who served on active duty during a war or in a campaign or expedition for which a Campaign badge has been authorized, under laws administered by the Department of Defense.
- ☐ **I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or Any time in the future.)
- ☐ **None of the above apply to me.**

## For Administrative Use Only

Hired ☐ Yes ☐ No

Position hired for \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled (or applied for, if applicant rejected)?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Technicians                    | <input type="checkbox"/> Craft Workers        |
| <input type="checkbox"/> First/Mid-Level Officials & Managers          | <input type="checkbox"/> Sales Workers                  | <input type="checkbox"/> Operatives           |
| <input type="checkbox"/> Professionals                                 | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Service Workers                               |   |   |

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_

**To be filed separately from employment application.**

**AUTHORIZATION TO OBTAIN CONSUMER REPORT INFORMATION  
FROM AN OUTSIDE SOURCE**

By signing this document, I authorize Bank of Charles Town (BCT) to obtain information regarding my credit worthiness, standing or capacity, character, general reputation, personal characteristics or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by BCT in making a decision regarding my employment.

In addition, by signing this document, I further authorize BCT to obtain any of the above information at any other time it may choose during my employment with BCT. I understand that information from the above reports may be used by BCT in making a decision regarding my continued employment with BCT.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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