

# EMPLOYMENT APPLICATION



The Bank is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, color, national origin, disability, marital status, veteran status, genetic information, height, weight or other legally protected status.

If you have a disability and require accommodation to complete any aspect of our application or consideration process, please let us know what accommodations you may require.

**Please complete all sections. Resumes are not a substitute for a completed application.**

Date of Application: \_\_\_\_\_ Position Applying for: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Email Address: \_\_\_\_\_

Other names you have used (i.e. Maiden Name): \_\_\_\_\_

Date Available to Begin: \_\_\_\_\_ Applying For:  Full Time  Part Time

If part time, specify the days and hours you are available to work: \_\_\_\_\_

Referral Source:  Company Website  Newspaper Ad  Indeed  Employee  Other \_\_\_\_\_

Have you been employed by West Shore Bank before?  Yes  No If yes, when? \_\_\_\_\_

Are any of your relatives or friends employed by this company?  Yes  No If yes, specify: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No If no, do you have proof of eligibility to work? \_\_\_\_\_

## EDUCATION:

	Name of School City and State	Did you Graduate?	Course of Study/Degree
High School		<input type="radio"/> Yes <input type="radio"/> No	
College		<input type="radio"/> Yes <input type="radio"/> No	
Graduate		<input type="radio"/> Yes <input type="radio"/> No	
Technical, Business or Other		<input type="radio"/> Yes <input type="radio"/> No	

Are you presently attending school or do you plan on furthering your education? If so, please specify course(s) and time commitment:

What experiences, skills, or qualifications do you feel would qualify you for the position you're applying for:

**EMPLOYMENT HISTORY:**

Start with your present or most recent position and include all of your employment history and military experience. Please provide explanation for any gaps in employment history. Attach additional pages if necessary.

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *to* \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties:

Wage: *Start* \_\_\_\_\_ *Final* \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *to* \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties:

Wage: *Start* \_\_\_\_\_ *Final* \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *to* \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties:

Wage: *Start* \_\_\_\_\_ *Final* \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *to* \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties:

Wage: *Start* \_\_\_\_\_ *Final* \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your present employer?  Yes  No

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:**

Are you able to perform, with or without accommodation, the functions of the job for which you have applied:  Yes  No

Have you ever been bonded?  Yes  No If yes, on what jobs? \_\_\_\_\_

Have you ever been convicted of a crime, excluding routine traffic offenses?  Yes  No

If yes, describe in detail: (Answering this question in the affirmative is not an automatic bar to employment)

Are there any felony charges pending against you currently?  Yes  No If yes, describe in detail below:

Do you hold any professional licenses or certifications?  Yes  No If yes, please list and describe below:

Have you ever had a professional license or certification revoked or suspended?  Yes  No If yes, please list and describe:

Are you currently under investigation by any agency or department concerning any licensure or certification matter?

Yes  No If yes, please describe: \_\_\_\_\_

**PERSONAL REFERENCES:**

Provide the names of three (3) persons, not related to you and not former employers, whom you have known at least one year.

Name	Phone Number	Relationship	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Authorization and Understanding**

I represent that the answers and information given by me in this application are true and complete. I authorize the Bank to verify the information I have provided and to make any investigation of my background deemed necessary at any time. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions, etc.) contacted by the Bank to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate or misleading information may result in refusal to hire or dismissal once the facts become known.

This application for employment shall be considered active for a period of time not to exceed 90 days for purposes of my being considered for applicable job openings. If I am hired, at any time after filing this application, I agree that these provisions shall constitute terms and conditions of my employment and that I shall be subject to the same.

I have no objection to signing an employee agreement on confidential information. I consent to all legally permissible medical examinations and drug and alcohol testing required by the Bank.

I understand and agree that employment with the Bank is "at will" and that either the Bank or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral

or written, have been made to me to the contrary and that any pre-existing understandings or agreements which contradict an at will status of employment are void. Further, I understand that only the President of the Bank has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to my at will status, and that any such agreement must expressly state such purpose and must be in writing and signed by the President of the Bank following the date of this application in order to be valid.

In exchange for the consideration of my application and any employment that may subsequently be offered to me, I agree not to begin any action or suit relating directly or indirectly to my application for employment, my employment with the Bank, or the termination of such employment more than nine (9) months after the date of the employment action that is subject of such action or suit. **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

**I have read and understand the foregoing:**

My signature below indicates that I have read and understand the above paragraphs.

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

This application for employment shall be considered active for a period of time not to exceed 90 days. If I wish to be considered for employment beyond this time period, I will inquire as to whether or not applications are being accepted at that time. Please initial. \_\_\_\_\_

## WEST SHORE BANK DISCLOSURE

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

West Shore Bank hereby discloses that a consumer report or an investigative consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

My signature below indicates that I have read and hereby authorize West Shore Bank to obtain a consumer report or an investigative consumer report about me.

**I have read and understand the foregoing:**

My signature below indicates that I have read and understand the above paragraphs.

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

# VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020

## **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.\* 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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Epilepsy
- Schizophrenia
- Muscular dystrophy
- Missing limbs or partially missing limbs
- 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**

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

## **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.

\*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).

# VOLUNTARY AFFIRMATIVE ACTION SELF IDENTIFICATION OF RACE/ETHNICITY AND/OR VETERAN STATUS

This Company is federal contractor required to take affirmative action to employ and advance in employment protected veterans pursuant to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), and women and minorities pursuant to Executive Order 11246.

The purpose for this voluntary form is to assist us to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. THE COMPLETION OF THIS FORM IS OPTIONAL. IF YOU CHOOSE TO VOLUNTEER THE REQUESTED INFORMATION PLEASE NOTE THAT IT WILL BE USED ONLY TO ASSIST US IN OUR AFFIRMATIVE ACTION RECORD KEEPING, AND WILL BE KEPT IN A CONFIDENTIAL FILE, AND NOT AS PART OF YOUR APPLICATION FOR EMPLOYMENT OR PERSONNEL FILE. PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. IF YOU CHOOSE NOT TO SELF-IDENTIFY NOW, YOU MAY STILL VOLUNTEER THIS INFORMATION AT A LATER DATE.

**(Please Print)**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Referral Source: \_\_\_\_\_

**Gender:**  Male  Female

**Ethnicity/Race** (check one - description of categories on the next page):

- Hispanic or Latino Ethnicity
- White (not Hispanic or Latino)
- American Indian / Alaskan Native (not Hispanic or Latino)
- Black or African-American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)
- I do not wish to self-identify

**U.S. Veteran Status** (check one – description of categories on the next page)

- I identify as one or more of the classifications of protected veteran listed on the back of this page
- I am not a protected veteran
- I do not wish to self-identify

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

### Description of Ethnicity / Race Categories

**Hispanic or Latino Ethnicity** – 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.

**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 maintain tribal affiliation or community attachment.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**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.

**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.

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

### Description of Protected Veteran Categories

A "Protected Veteran" includes any one or more of the following:

**"Disabled Veteran"** means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

**"Active Duty Wartime or Campaign Badge Veteran"** means a veteran 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, under the laws administered by the Department of Defense.

**"Recently Separated Veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**"Armed Forces Service Medal Veteran"** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

10454580\_1.DOCX

[SUBMIT APPLICATION](#)