

Application For Employment

Framingham Co-operative Bank

828 Concord Street
Framingham, MA 01701
(508) 820-4000

We consider applications for all positions without regard to race, religion, color, sex, age, ancestry, national origin, veteran's status, physical or mental handicap, sexual orientation, military service, and the results of genetic testing, or any other characteristic protected under state and/or federal law.

PLEASE PRINT

Position (s) Applied For _____

Date of Application _____

How did you learn about us?

Advertisement Relative Inquiry Website Employment Agency

Other _____

Last Name	First Name	Middle Name

Address _____

City _____

State _____ Zip Code _____

Phone (H) _____ Phone (C) _____

Best time to contact you at home is: ____: __am/pm

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

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here?. Yes No

Are you currently employed?. Yes No

May we contact your present 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

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work:

- Full Time
- Part Time (please indicate Mornings Afternoons Evenings)
- Temporary (please indicate dates available ___/___/___ - ___/___/___)

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

Can you travel if a job requires it? Yes No

Criminal Record

An applicant with a sealed record on file with the commissioner of probation may answer "no record" with respect to any inquiry herein relative to convictions.

A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and the time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain:

Have you been convicted of a misdemeanor within the past five years or finished a period of incarceration for a misdemeanor within the past five years? _____ Yes _____ No

(You need not answer “Yes” with respect to a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace.) If yes, please explain:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer 1		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer 4		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Education

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

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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

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

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

References

1. _____
Name Phone #

Address

2. _____
Name Phone #

Address

3. _____
Name Phone #

Address

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

Applicant's Statement

I certify that answers given 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 employment 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 Employee at any time with or without cause. It is further understood that this **"at will"** employment relationship may not be changed by any written document or by conduct unless such 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 rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____

Name and Title

Date