



**EMPLOYMENT APPLICATION**

Thomaston Savings Bank is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws. Applicants requiring reasonable accommodation in the application process should notify Human Resources.

**Instructions:** This application is an electronic document. Please click on the fields below and type your information. The application must be completed in its entirety. Print and return to any branch location or mail to: Thomaston Savings Bank, 203 Main St., Thomaston, CT 06787 (ATT: HR)

<b>Position(s) Applied For</b>		<b>Date of Application</b>	
___ Full-time    ___ Part-time		<b>Date Available to Start</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number</b>	<b>E-mail Address and Alternative Number</b>		
<b>How Did You Hear About Us?</b>			
___ Newspaper Ad    ___ Employment Agency    ___ Current Employee    Other _____			
<b>What salary or rate of pay do you expect to receive if employed?</b>		_____ per _____	

Are you legally eligible to work in the United States? YES [ ] NO [ ]  
*(Proof of eligibility will be required upon offer of employment)*

Are you over the age of 18 years? YES [ ] NO [ ]  
*(If no, you may be required to provide authorization)*

Have you ever worked under a different name? (If yes, please give name.) YES [ ] NO [ ]  
 \_\_\_\_\_

Have you ever applied to Thomaston Savings Bank before? (If yes, please give date.) YES [ ] NO [ ]  
 \_\_\_\_\_

Have you ever worked for Thomaston Savings Bank before? (If yes, please give date.) YES [ ] NO [ ]  
 \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? YES [ ] NO [ ]

Can you travel if your job requires it? YES [ ] NO [ ]



**EMPLOYMENT APPLICATION**

Is anyone related to you employed by Thomaston Savings Bank? YES [ ] NO [ ]

If yes, please give their name and relationship to you. \_\_\_\_\_

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? YES [ ] NO [ ]

If yes, please explain. \_\_\_\_\_

**EDUCATION**

	Name and Location of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Graduate/ Professional/ Trade				

If you did not graduate, explain your reasons for leaving.

Are you planning to pursue further studies? \_\_\_\_\_ If yes, provide details.

**MILITARY TRAINING**

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in National Guard or Reserves \_\_\_\_\_

Describe any job-related training you have had in the United States Military.

**LICENSES**

Describe any specialized licenses, training, apprenticeships, or skills.

**AWARDS**

List any scholastic honors earned in high school, college or graduate school.



**EMPLOYMENT HISTORY**

*Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment.*

<p><b>Name of Employer:</b></p> <p><b>Address:</b></p> <p><b>Phone:</b></p> <p><b>Position Held:</b></p> <p><b>Supervisor (Name and Title):</b></p> <p><b>Duties/Accomplishments:</b></p> <p><b>Dates of Employment (From-To: Month/Year):</b></p> <p><b>Reason for Leaving:</b></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>Name of Employer:</b></p> <p><b>Address:</b></p> <p><b>Phone:</b></p> <p><b>Position Held:</b></p> <p><b>Supervisor (Name and Title):</b></p> <p><b>Duties/Accomplishments:</b></p> <p><b>Dates of Employment (From-To: Month/Year)</b></p> <p><b>Reason for Leaving</b></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>Name of Employer:</b></p> <p><b>Address:</b></p> <p><b>Phone:</b></p> <p><b>Position Held:</b></p> <p><b>Supervisor (Name and Title):</b></p> <p><b>Duties/Accomplishments:</b></p> <p><b>Dates of Employment (From-To: Month/Year)</b></p> <p><b>Reason for Leaving:</b></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Describe your interest in banking and the skills and aptitudes that you feel qualify you for a position at the bank.

---

---

---

---

---

---

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

---

---

---

---

---

3. How would you be able to assist Thomaston Savings Bank in providing exceptional customer service to our customers?

---

---

---

---

---

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION****\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the providing of misleading information, of the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I further understand that if my employment with Thomaston Savings Bank may be restricted by any contract or agreement I have entered into, I will so advise the company.

I understand that submission of an application does not guarantee employment. I understand that acceptance for employment shall depend on satisfactory results from applicable background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or medical examination that I must pass before I commence work. I further understand that, should an offer of employment be extended by Thomaston Savings Bank (hereinafter referred to as "The Bank") that such employment with The Bank is at will, for no specified duration and may be terminated by either The Bank or myself at any time, with or without cause or notice. I understand that no statements, assurances, policies, procedures, or actions of The Bank or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Bank except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Thomaston Savings Bank.

In consideration for employment with Thomaston Savings Bank, if employed, I agree to conform to the rules, regulations, policies and procedures of The Bank at all times and understand that such conformance is a condition of employment. I understand that due to the nature of Thomaston Savings Bank's business, attendance and punctuality are considered essential requirements of every job at The Bank.

**THOMASTON SAVINGS BANK IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW. ANY APPLICANT WHO NEEDS REASONABLE ACCOMMODATION IN THE APPLICATION OR EMPLOYMENT PROCESS SHOULD NOTIFY THE HUMAN RESOURCES REPRESENTATIVE.**

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AS OUTLINED ABOVE.**

I have read the Acknowledgement above: \_\_\_\_

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

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

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

**APPLICANT DATA RECORD  
VOLUNTARY SURVEY**

**IMPORTANT: Please complete application before completing the following pages:**

Applicants and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected class. We comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. You are not required to provide this information but your cooperation in doing so is appreciated.

Any information gathered is strictly confidential, separate from your application, and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. **YOUR COOPERATION IS VOLUNTARY.**

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

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

**Position Applied For:** \_\_\_\_\_

**Gender:**            Male \_\_\_\_\_    Female \_\_\_\_\_

**Race/Ethnic Group:**  
(check one)

\_\_\_\_\_ White

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Two or More Races

**Protected Veteran Information:**

Please select whether you identify yourself as one or more of the classifications of protected veteran below (select all that apply):

- |                                                                                |            |
|--------------------------------------------------------------------------------|------------|
| 1 - Disabled Veteran                                                           | YES__ NO__ |
| 2 - Recently Separated Veteran                                                 | YES__ NO__ |
| 3 - Active Duty Wartime or Campaign Badge Veteran<br>(Other Protected) Veteran | YES__ NO__ |
| 4 - Armed Forces Service Medal Veteran                                         | YES__ NO__ |

**Definitions:**

1 - A Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty of a service-connected disability.

2 – Recently Separated Veterans means any veteran during the three-year period beginning on the date such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

3 – Active Duty Wartime or Campaign Medal (Other Protected) Veterans 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. Information also may be obtained by sending an email to [helpdesk@vets100.com](mailto:helpdesk@vets100.com) or by calling (301) 306-6752.

4 – Armed Forces Service Medal Veteran means a veteran who, while service 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 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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
- 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
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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 1/31/2020  
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.

---

<sup>i</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.