



**CREST SAVINGS BANK
3301 Pacific Avenue
Wildwood, NJ 08260**

Employment Application

The Bank is an Equal Opportunity Employer

It is of the utmost importance that all information given on this application be accurate. It is our policy to verify information regarding an applicant's background, including but not limited to such items as dates of employment, salary progressions, and reasons for leaving present and/or previous employment.

Non-Smoking Facilities – Smoking is prohibited in all areas of the workplace occupied or used by Crest Savings Bank employees except specifically designated smoking areas outside of the facilities.

Drug-Free Facilities – The illegal use of drugs is prohibited in all areas of the workplace occupied or used by Crest Savings Bank employees.

Please Print or Type All Information.

General

Name _____
Last First Middle Initial

Present Address _____
House Number and Street City State Zip

Previous Address _____
House Number and Street City State Zip

Home Telephone Number _____ Cell Telephone Number _____

- A. Are you legally authorized to work in the United States? ___ Yes ___ No
- B. Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa Status)?
___ Yes ___ No

Note: Upon request, prior to commencement of employment, you must provide document that establish your identity and authorization to work in the United States.

Are you under the age of 18? ___ Yes ___ No
(If your answer is yes, you must supply working papers if hired)

Position

Type of employment desired: Full-time ___ Part-time ___ Temporary ___ Summer

Position Applied For _____ Date Available _____ Salary Requirement _____

Have you ever applied or interviewed for a position with Crest Savings Bank? ___ Yes ___ No

If yes: Date _____ Position _____

Have you ever been employed by Crest Savings Bank? ___ Yes ___ No

If yes; Date _____ Position _____

Reason for leaving _____

Referred by: ___ Newspaper ___ Agency ___ Employee ___ Other

Name of employee who referred you _____

If applying for a courier position - do you have a valid driver's license? ___ Yes ___ No

Has your driver's license ever been suspended or revoked? ___ Yes ___ No
If you answered "yes" to this question, please explain (use additional paper if necessary)

Current Driver's License: State _____ License# _____ Class _____

Employment History

Present Employer _____

Address _____
Street City State Zip

Employed from _____ to _____ Job Title _____
Month/year Month/year

Major Duties _____

Why do you want to change jobs? _____

Supervisor's Name and Telephone Number _____ (_____) _____
Area Code

May we contact your employer? ___ Yes ___ No If no, please explain why _____

Prior Employer _____

Address _____
Street City State Zip

Employed from _____ to _____ Job Title _____
Month/year Month/year

Major Duties _____

Supervisor's Name and Telephone Number _____ (_____) _____
Area Code

Reason for Leaving _____

May we contact prior employer? ___ Yes ___ No If no, please explain why _____

Prior Employer _____

Address _____
Street City State Zip

Employed from _____ to _____ Job Title _____
Month/year Month/year

Supervisor's Name and Telephone Number _____ (_____) _____

Reason for Leaving _____

May we contact prior employer? ___ Yes ___ No If no, please explain why _____

Professional References

Name	Relationship	Company	Telephone Number
1.			
2.			
3.			

Education

Name	Address	Course/Degree	Number of Years Completed
High School			
Business or Vocational School			
College			
Graduate or Other School			

Skills Summary

Describe any other experience, skills or qualifications that you feel would help you perform the job for which you are applying:

Applicant Statement**Please Read Carefully**

Unless otherwise clear from the context, the use in the Applicant Statement of "the Company" refers to Crest Savings Bank.

In completing and signing this application for employment, and any supplements to this application, I understand that any misrepresentation or omission of facts is cause for cancellation of this application or separation from the Company's service if I am employed. I agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements made by me on this application.

I understand further that information concerning my past record may be sought from my previous employers and other sources, and I hereby release from all liability or damages those individuals, corporations, or organizations providing such information. I understand any such information provided shall become the exclusive property of the Company. I understand that any offer is conditional upon the results of such background checks.

I understand further that the Company has a drug-and-alcohol free policy. I agree to comply with all aspects of this policy if employed by the Company.

Moreover, I understand that the Company has a smoke-free policy and that smoking is permitted only in specified outdoor locations. I agree to comply with all aspects of this policy if employed by the Company.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me or to provide me with any other benefit. I further understand that nothing contained in any Company handbook, manual, rule or regulation, practice, policy, etc. creates an employment contract, express or implied, between the Company and me. I agree that if I am employed by the Company, I shall be an employee-at-will, unless different terms are agreed to in writing by an officer of the Company designated by it for that purpose. I also agree that if I am employed as an employee-at-will, I have the right to terminate my employment without cause and without notice as of any time, and that the Company also has the same right.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. The facts set forth in this application are true and correct. I understand that if employed, any false or misleading statements, omissions, or failure to fully answer any questions may result in my dismissal, regardless of when such information is discovered. This certifies that I have received the above understand and agree to it, and that all entries made by me are true and correct.

Signature of Applicant: _____ **Date:** _____

**Crest Savings Bank
Pre-Employment Inquiry Authorization Release**

**REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND
INFORMATION**

I: _____
 LAST NAME FIRST NAME MIDDLE NAME (please include Jr., Sr., II, III Etc.)

understand that in accordance with the requirements of the Fair Credit Reporting Act, 15 U.S.C. §§ 1681 *et seq.*, Crest Savings Bank, by this document, is disclosing to me that it may use the services of outside agency's to obtain a consumer report and/or investigative consumer report (i.e. information gathered by a consumer reporting agency such as criminal-related data, motor vehicle records, and/or general information relating to credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, work history and/or mode of living) for employment purposes as part of its employment background investigation. Crest Savings Bank uses the consumer-reporting agency Transunion, and Corporate Security Solutions, Inc. as agents to perform its employment related credit/background investigations. Transunion is located at 2 Baldwin Place, P.O. Box 1000, Chester, Pa. 19022, and can be contacted at 800-888-4213. Corporate Security Solutions, Inc. is located at P.O. Box 163032, Altamonte Springs, Florida 32716, and can be contacted at 800-203-4731.

The consumer reporting agency's will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, criminal-related data, motor vehicle records, and/or general information relating to credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Crest Savings Bank and Transunion.

I request, authorize and consent to the procurement of an investigative consumer report and/or consumer report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. Further, I understand and agree that this authorization shall remain on file and shall serve as an ongoing authorization for Crest Savings Bank to obtain additional consumer report(s) on me at any time during my employment. I understand that I am entitled to obtain information regarding the nature and scope of the background investigation requested by Crest Savings Bank. I also acknowledge that I may receive a written summary of my rights under the Fair Credit Reporting Act. According to the Fair Credit Reporting Act, I will be notified by Crest Savings Bank if employment is denied or another adverse action is taken based on information obtained from a consumer reporting agency.

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. I hereby release Crest Savings Bank and its agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports. This information will be used for employment screening purposes only and will not be taken into consideration in any employment-related decisions.

Signed _____ **Today's Date** _____

Printed Name _____ **Position Applied For** _____

____ / ____ / ____ _____ _____
Social Security Number **Driver's License Number** **State (If required for this position)**

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____

Street Apt. # City State Zip Code

Mo./Yr. / Mo./Yr

Former Address: _____

Street Apt. # City State Zip Code

From / To

Former Address: _____

Street Apt. # City State Zip Code

From / To

Form A

Applicant Voluntary Self-Identification

Name: _____
Last Name First Name Middle Initial

We are gathering the following information not for employment decisions but for recordkeeping in compliance with Federal regulations. This information will be kept separate from your Employment Application. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Program.

Information provided will be kept confidential except that government officials investigating compliance will be informed.

If you choose not to answer any questions, you will not be subject to adverse treatment. If you choose not to "self-identify", however, we are permitted under Federal regulations to maintain sex, race and ethnicity information on the basis of visual observation or personal knowledge.

If you do not wish to furnish this information, please initial and date below.

Initial: _____ Date _____

Sex: Please place a check next to the appropriate category.

- MALE
 FEMALE

Below are two questions, the first is about your ethnicity and the second about your race. You are to answer both questions. In answering the second question, you may select one or more races. The summarized information is reported to the Federal government for civil rights enforcement and monitoring purposes. **For these purposes, if you mark "Yes, Hispanic or Latino", your race will not be reported.** The summarized information on race will be reported in the following categories only:

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Two or More Races. **If you select more than one race, you will be reported to the Two or More Races category.** For example, if you select Black and American Indian or Alaska native, you will be reported in the Two or More Races category.

Question 1: Ethnicity

Are you Hispanic or Latino?

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

Question 2: Race

What is your race? Select one or more of the following five race categories.

- White** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** A person having origins in any of the Black racial groups of Africa

- Native Hawaiian or Other Pacific Islander** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands*
- Asian** *A person having origins in any of the original people of Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.*
- American Indian or Alaska Native** *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** *All person who identify with more than one of the above five races.*

Signature of Applicant: _____ **Date:** _____

Applicant Invitation to Self – Identify

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to a protected veteran category. If you believe you belong to any of the protected veteran categories below, please indicate by checking the appropriate box below.

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN Date of discharge (MM/DD/YY) _____
- ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran
- I am NOT a protected veteran
- I do not wish to answer

If you are disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

1. Submission of the 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.

2. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restriction on the work or duties of disable 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 the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

3. As a federal contractor, the company is required to take affirmative action to employ, and advance in employment, protected veterans pursuant to the Vietnam Era Veterans Readjustment Assistance Act ("VEVRAA"). In accordance with its obligation under VEVRAA the Company has implemented an affirmative action program ("AAP") which in relevant part provides that it: (1) shall not discriminate or harass applicants/employees based on protected veteran status, (2) to recruit, hire and reward employees based on merit and to engage in outreach to encourage protected veterans to apply and to seek advancement with the Company, (3) to apply all conditions of employment so as not to discriminate based on an employee's protected veteran status, (4) to provide reasonable accommodations to applicants/employees who are disabled veterans and who request accommodation, (5) to require all employees of the Company to comply with its equal employment opportunity ("EEO") policy and to provide training regarding same, (6) to protect applicants/employees from retaliation because they have asserted their rights under the Company's EEO policy or have opposed any practice which violates same, (7) to establish an internal complaint procedure for applicants and employees to report violations of the EEO policy, (8) to post the EEO policy so that it is accessible to all applicants/employees, and (9) to designate an EEO Compliance officer who is responsible for: (a) implementing the EEO policy, (b) training and delegating responsibilities to managers/supervisors as appropriate, (c) making available the non-confidential portions of the AAP for inspection by applicants/employees and (d) periodically reporting to senior executive management with respect to compliance.

Signature of Applicant: _____ **Date:** _____