



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

Employment Application

The Bank is an Equal Opportunity Employer, Veterans/Disabled

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 _____ Business 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

Start Salary _____ Current Salary _____ Other Compensation _____

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

Salary Start _____ Salary Finish _____ Other Compensation _____

Major Duties _____

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

Reason for Leaving _____

Prior Employer _____

Address _____
Street City State Zip

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

Salary Start _____ Salary Finish _____ Other Compensation _____

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

Reason for Leaving _____

Professional References

Name	Relationship	Company	Telephone Number
1.			
2.			
3.			

Education

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

“READ CAREFULLY BEFORE SIGNING: I agree that any claim or lawsuit relating to my service with Crest Savings must be filed no more than six (6) months after the date of employment action that is subject to the claim or lawsuit. I waive any statute of limitations to the contrary.”

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 First 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.

Initials

Date

SEX: Male Female

ETHNICITY/RACE:

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 peoples of 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 Alaskan 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 persons who identify with more than one of the above five races.

SIGNATURE OF APPLICANT _____

DATE _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.¹ 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 1/31/2017
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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.

ⁱ 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.

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.