

APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS AND PRINT LEGIBLY. Please complete each section fully and accurately. Please PRINT, except for the signature at the end of this application. To the extent that some of the information requested is on your resume, you may write "see resume" where appropriate and attach a copy. The statements on your resume will be considered to be part of your response to this application. In any event, you must read and sign the Affidavit section of this application.

Please indicate if you need additional space to complete an answer to any questions listed below. Also let us know if you need assistance in completing this application or need an application in an alternative format.

GENERAL INFORMATION AND POSITION DESIRED

Name: First _____ Middle _____ Last _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

Email and/or website _____

Position(s) applied for _____

Type of work desired:

Full-Time Part-Time Temporary Partial-Year (e.g., 9 months, 10 months) Summer

Salary requirement _____ Date available for work _____

How were you referred to us? _____

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

If hired, you will be required to provide documentation consistent with federal law requirements to demonstrate that you have the legal right to work in the United States. Yes No

Have you been employed by the Bank previously? Yes No

Have you applied for a position at the Bank before? Yes No

Do you currently have a relative employed by the Bank? Yes No

Use the space below to describe your interest in banking and the skills and aptitudes that you feel qualify you for a position at the Bank. If you need more space, please continue on a separate sheet.

CRIMINAL RECORD

The Bank is required to inquire about your criminal background pursuant to Section 19 of the Federal Deposit Insurance Act ("FDIA"). A conviction record is not an automatic bar to employment, except as provided by Section 19 of the FDIA. Where employment is not barred by Section 19 of the FDIA, factors such as your age at the time of the offense, the time that has passed since the offense or completion of any sentence, the seriousness and nature of the offense, any rehabilitation and the nature of the job sought will be taken into account.

An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to any inquiry herein relative to prior convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of Massachusetts General Laws Chapter 276 may answer "no record" with respect to any inquiry herein relative to prior convictions.

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

If yes, please identify any and all felony convictions and explain: _____

Have you been convicted of a misdemeanor within the past three years or finished a period of incarceration for a misdemeanor within the past three years? (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.)

Yes No Record

If yes, please identify any and all misdemeanor convictions (except those excluded above) and explain: _____

EDUCATION

High/Prep School _____ City/State _____

Did you graduate? Yes No

Business School **Indicate last year completed** **Degree**

College

Graduate Work

List scholastic honors, offices held and activities in high school and college:

If you did not graduate, why did you leave school or college?

Are you planning to pursue further studies? Yes No

EMPLOYMENT RECORD

Please list the most recent information first. Account for all periods of time and all positions held over the last 10 years, including military service. You may include volunteer positions if you wish. Please indicate if additional space is needed.

EMPLOYER _____ **Dates Employed:** From _____ To _____

Street _____

City/State _____ Zip Code _____

Reference: _____ Phone: _____

Position and Duties _____

Reason for Leaving _____

EMPLOYER _____ **Dates Employed:** From _____ To _____

Street _____

City/State _____ Zip Code _____

Reference: _____ Phone: _____

Position and Duties _____

Reason for Leaving _____

EMPLOYER _____ **Dates Employed:** From _____ To _____

Street _____

City/State _____ Zip Code _____

Reference: _____ Phone: _____

Position and Duties _____

Reason for Leaving _____

EMPLOYER _____ **Dates Employed:** From _____ To _____

Street _____

City/State _____ Zip Code _____

Reference: _____ Phone: _____

Position and Duties _____

Reason for Leaving _____

Have you ever been involuntarily terminated from employment in any job, including but not limited to any of the positions identified in this application or your resume? Yes No

If yes, please explain any and all such circumstances: _____

If presently employed, why do you desire to change your position? _____

If you are presently employed, may we contact your current employer? Yes No

DISCLOSURES

The Bank is an equal employment opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, gender identity, sexual orientation, genetic information, ancestry, age, disability, military or veteran status or any other category protected by federal or state law. No question on this application is intended to secure information to be used for such discrimination.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

This application will be given consideration, but its receipt does not imply that you will be employed. The Bank, at its own expense, arranges for a bond for each of its employees. If your (the applicant's) background is unacceptable to a bonding company (under standards that do not discriminate on an illegal basis), it will be difficult to secure this bond, and the Bank may not offer employment to you.

PLEASE READ CAREFULLY BEFORE SIGNING. If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

AFFIDAVIT

I authorize the Bank to make inquiries regarding my work and educational history from any of my past employers and from educational institutions that I have attended. I release the Bank, as well as my past employers and educational institutions, from any and all liability or damage for requesting and/or issuing this information.

I understand that if I am hired, I must provide proof of eligibility to work in the United States consistent with federal law requirements. If I do not provide such proof within three (3) days of my hire, I understand that the Bank may terminate my employment.

I understand that, if I am hired, my employment with the Bank will be at will and may be terminated by the Bank or me at any time and for any reason. I understand that no documents or statements of the Bank will constitute a contract of employment that in any way limits the Bank's right to terminate employment at will. I further understand that the at-will nature of my employment cannot be changed except by a formal written contract signed by both the President of the Bank and me.

Without limiting in any way the at-will status of my employment if I am hired, I understand that if any of the information I have provided on this application or any accompanying resume is untrue, the Bank will immediately discharge me.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Applicant _____ Date _____

Printed Name _____

FOR BANK USE ONLY

(To be filled out after applicant is hired.)

Date Employed _____ Date of Birth _____

Social Security # _____

Department _____

Job Title _____

Salaried Hourly

Work Schedule (Hours, days, etc.) _____

Job No. _____ Previously used name, if any _____

In case of an accident or other emergency, who is the first person we should contact?

Name _____ Relationship _____

Telephone _____ Address _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

As an applicant for employment or a current employee of the Bank, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the Bank may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For your information, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the Bank.

A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize the Bank to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the Bank. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

SIGNATURE _____ DATE _____

Voluntary Self-Identification of Disability

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305 OMB Control Number 1250-0005

Expires 1/31/2020

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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.

ⁱSection 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.

VOLUNTARY SELF IDENTIFICATION FORM – RACE/SEX

As a Government Contractor, subject to Executive Order 11246, Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, [] ("Employer") takes affirmative action to actively recruit, employ and advance in employment qualified minorities, females, qualified disabled individuals, Armed Forces service medal veterans, recently separated veterans, qualified disabled veterans and other protected veterans.

The information on this form helps us comply with Federal and State Equal Employment Opportunity requirements and our Affirmative Action Program. Note that the completion of this form is voluntary on your part. If you already work for [], ("Employer") your answers will not be used against you in any way. If you are an applicant, completed forms will be maintained in a file separate from employment applications and will not be used to discriminate against or show preference for any applicant. Employer will keep such information confidential, except that government officials investigating Employer for affirmative action compliance may be informed.

If you choose to provide us with this information, you may do so at this time or at any time in the future.

Name:

Sex: Male Female Non-Binary Prefer Not to Answer

Date:

Please specify your Race/Ethnic classification by first indicating whether you consider yourself to be Hispanic or Latino: *(All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).*

Hispanic or Latino Yes No

HISPANIC OR LATINO All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- ASIAN** (Not Hispanic or Latino) -- All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Paki-stan, the Philippine Islands, Thailand and Vietnam
- WHITE** (Not Hispanic or Latino) -- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK OR AFRICAN AMERICAN** (Not Hispanic or Latino) -- All persons having origins in any of the Black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** (Not Hispanic or Latino) – All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- NATIVE AMERICAN OR ALASKAN NATIVE**
(Not Hispanic or Latino) -- All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.
- TWO OR MORE RACES**
(Not Hispanic or Latino) – All persons who identify with more than one of the above five races
- I DO NOT WISH TO DISCLOSE**

For information regarding the definitions of the foregoing racial/ethnicity categories, please see the attached sheet or contact Employer's Human Resources Department at

Phone _____ or _____ Email _____]

VOLUNTARY SELF IDENTIFICATION FORM - VETERANS

1. [] is a Government contractor subject 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), which requires Government contractors to take affirmative action to employ and advance in employment:

(1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following: 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.

A "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.

An "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.

An "Armed forces service medal veteran" means a 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.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box on the following page.

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 each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box on the following page.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

 I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran. I prefer not to answer

If you are a 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.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you already work for [REDACTED], your answers will not be used against you in any way. If you are an applicant, completed forms will be maintained in a file separate from employment applications and will not be used to discriminate against or show preference for any applicant. 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.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled 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.

5. If you wish to review Employer's Affirmative Action Plan for Disabled Individuals, Armed Forces Service Medal Veterans, Recently Separated Veterans, Disabled Veterans and Other Qualified Veterans, please contact Employer's Human Resources Department at Phone: [(REDACTED)] or
Email Address: [REDACTED].

Complete the following portion if the applicant is refused employment based in whole or in part on a consumer report or an investigative consumer report.

If an applicant is rejected in whole or in part based on a consumer report or an investigative consumer report, the following steps must be taken. Initial and date the completion of each step.

Before the action is taken:

1. Provide the applicant a copy of the report and a reasonable opportunity to respond.
Initials: _____ Date: _____
2. Provide the applicant a copy of the Consumer Financial Protection Bureau summary of his or her rights.
Initials: _____ Date: _____

Once the action is taken:

1. Provide notice to the applicant.
Initials: _____ Date: _____
2. Provide the name, address and telephone number of the consumer reporting agency to the applicant.
Initials: _____ Date: _____
3. Provide a statement to the applicant that the consumer reporting agency did not make the decision and is unable to provide specific reasons why the action was taken.
Initials: _____ Date: _____
4. Within ten business days, provide a statement substantially in the form set forth in M.G.L. c. 93, § 62, which includes notification to the applicant of his or her right to obtain another copy of the report from the consumer reporting agency at no charge within 60 days of the notice and the right to dispute inaccurate information by contacting the consumer reporting agency.
Initials: _____ Date: _____

Review the following and initial and date one of the alternatives:

If the report is an investigative consumer report, the applicant may make a written request for disclosure of the nature and scope of the investigation requested. In the event of such a request, such a disclosure must be made within five days of the receipt of the request.

- No investigative consumer report was obtained by the Bank.
Initials: _____ Date: _____
- An investigative consumer report was obtained by the Bank but the applicant has not requested a statement concerning the nature and scope of the report.
Initials: _____ Date: _____