



## **APPLICATION FOR EMPLOYMENT**

### **MAIN OFFICE**

40 Belgrade Avenue  
Roslindale, MA 02131  
P: 617-325-2900  
F: 617-325-9737

### **CHARLESTOWN**

201 Main Street  
Charlestown, MA 02129  
P: 617-242-0380  
F: 617-242-9507

### **WEST ROXBURY**

36 Spring Street  
West Roxbury, MA 02132  
P: 617-325-9955  
F: 617-325-9931



# APPLICATION FOR EMPLOYMENT

Please answer all questions fully and accurately and PRINT legibly. For information requested that is on your resume, you may write "see resume" and attach a copy. If any information is not on your resume, you must complete on this application all information requested. Any applicant requiring assistance in completing this application or requiring an application in an alternative format should communicate the request.

Position Applying for: \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail Address

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

How were you referred to us? (Check one)

Walk-in – *Branch Location*: \_\_\_\_\_     School: \_\_\_\_\_

Employee: \_\_\_\_\_     Advertisement: \_\_\_\_\_

TCB Website     Other: \_\_\_\_\_

Date Available for Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Will you relocate if the job requires it?     Yes     No

Will you travel if the job requires it?     Yes     No

Will you work overtime if required?     Yes     No

Have you been employed here previously?     Yes     No

Have you applied for a position here before?     Yes     No

Do you currently have a relative employed by us?     Yes     No

"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."

MGL CH. 149, Section 19B

**OVER**

**EMPLOYMENT RECORD** (Please list the most recent information first. Account for all periods of time and all positions held over the last 10 years.)

**Employer:** \_\_\_\_\_ **From:** \_\_\_/\_\_\_/\_\_\_ **To:** \_\_\_/\_\_\_/\_\_\_  
**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_ **May we contact for a reference?**  
**Supervisor:** \_\_\_\_\_  **Yes**  **No**

**Position Title and Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From:** \_\_\_/\_\_\_/\_\_\_ **To:** \_\_\_/\_\_\_/\_\_\_  
**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_ **May we contact for a reference?**  
**Supervisor:** \_\_\_\_\_  **Yes**  **No**

**Position Title and Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From:** \_\_\_/\_\_\_/\_\_\_ **To:** \_\_\_/\_\_\_/\_\_\_  
**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_ **May we contact for a reference?**  
**Supervisor:** \_\_\_\_\_  **Yes**  **No**

**Position Title and Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**EDUCATION**

SCHOOL	CITY/STATE	YEARS COMPLETED	DEGREE/ CERTIFICATION

**SKILLS AND QUALIFICATIONS**

Summarize and list any special volunteer work, training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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**PERSONAL REFERENCES**

List the name and telephone number of three professional references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship	Telephone	# Yrs. Known
			( )	
			( )	
			( )	

**PLEASE READ BEFORE SIGNING**

*If you have any questions regarding this statement, please contact Human Resources before signing.*

I hereby certify that all of the information provided by me in this application (and any other accompanying or required documents) is accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended, that such employment is at will, for no specified duration and may be terminated by either party at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Bank or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that this application is considered current for the position indicated on the first page and if interested in other available and posted positions at The Cooperative Bank I must submit a separate application for each position of interest.

I understand the bank does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. The bank will make reasonable accommodations for disabilities and religious beliefs that do not cause undue hardship. The Cooperative Bank is an Equal Employment Opportunity and Affirmative Action employer.

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

\_\_\_\_\_  
*Signature of Applicant*

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