

*For Human Resources Use:*

Applicant's Name: \_\_\_\_\_

Position: \_\_\_\_\_

# Application for Employment



**CORPORATE HEADQUARTERS  
10 CABOT PLACE, STOUGHTON, MA 02072  
877-963-2100  
WWW.ENVISIONBANK.COM**

**Thank you for your interest in Envision Bank.**  
**When completing this form, please print legibly and complete all sections.**

### Personal Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Status: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal/Temporary

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

Source: \_\_\_\_\_ Website \_\_\_\_\_ Newspaper \_\_\_\_\_ Walk-In \_\_\_\_\_ Internet  
 \_\_\_\_\_ Employee \_\_\_\_\_ Other: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ How Acquainted? \_\_\_\_\_

### General Information

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

Are you over 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by Envision Bank? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please state when: \_\_\_\_\_

Have you ever applied for a position at Envision Bank? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please state year and position: \_\_\_\_\_

### Education

	Name/Location	Graduate		Major/Course of Study	Degree Earned
High School		__ Yes	__ No		
College		__ Yes	__ No		
Other/Trade		__ Yes	__ No		

## Employment History

Please provide all information starting with present or most recent employer. Please do not state "see resume".

Employer:	Phone Number: (       )	Dates Employed (month/year): From: _____ To: _____
Address:	Name of Supervisor/Title:	
Job Title:	May We Contact: Yes: _____ No: _____	
Describe Duties Performed:	Reason For Leaving:	

Employer:	Phone Number: (       )	Dates Employed (month/year): From: _____ To: _____
Address:	Name of Supervisor/Title:	
Job Title:	May We Contact: Yes: _____ No: _____	
Describe Duties Performed:	Reason For Leaving:	

Employer:	Phone Number: (       )	Dates Employed (month/year): From: _____ To: _____
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Employer:	Phone Number: (       )	Dates Employed (month/year): From: _____ To: _____
Address:	Name of Supervisor/Title:	
Job Title:	May We Contact: Yes: _____ No: _____	
Describe Duties Performed:	Reason For Leaving:	

Please describe other specialized training/skills (languages, computer, military, etc.):

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## Business References

Name	Phone Number	Company/Title

## Employer Disclosures

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.

Envision Bank ("Bank") and any subsidiaries provides equal employment opportunities for all current and prospective employees with regard to employment, training, compensation, transfer, promotion, and other terms, conditions & privileges of employment without regard to race, color, age, religion, sex, national origin, disability, sexual orientation, genetic information, military service or veteran's status.

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work for the Bank is true, complete and correct. I understand that if I am hired and it is later determined that I have included false information on this application, that may be grounds for the termination of my employment.

I expressly authorize, without reservation, the Bank, its representatives, employees and/or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I expressly release the Bank from any and all liability that may result from the collection and utilization from such information, including but not limited to, the Bank's decision not to extend a job offer, withdraw a job offer, or to terminate my employment because of false statements, omissions, or answers provided by me in this application or on my resume.

I understand that if I am hired by the Bank I am free to resign at any time, with or without cause and with or without prior notice, and that the Bank reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be prohibited by law. This application does not constitute an agreement or contract for employment for any specified period or duration. I understand that no representative of the Bank is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are signed by the Bank's Chief Executive Officer. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete a Form I-9 in this regard.

My signature indicates that I have read and fully understand the terms of the foregoing employer disclosures and applicant statement.

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Applicant's Signature

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Date



**DISCLOSURE & AUTHORIZATION FOR PROCUREMENT  
OF CONSUMER CREDIT REPORT**

I understand that as a condition for employment with Envision Bank and any of its subsidiaries (the “Bank”) or as a condition of continued employment with the Bank, that it may obtain a consumer report which includes, but is not limited to my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, DMV records, summaries of educational and employment records/histories, other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Bank’s procurement of such a report. I understand that pursuant to the federal Fair Credit Reporting Act (FCRA), the Bank will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Bank. I further understand that such report will be made available to me prior to any such decision being made, along with the name, address and telephone number of the reporting agency that produced the report as well as a summary of my rights under FCRA.

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Signature of Applicant

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Printed Name of Applicant

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



## Voluntary Self-Identification Form ~ Employee

Envision Bank (the "Bank") believes that all persons are entitled to equal employment opportunities and does not discriminate against its applicants or employees because of race, sex, religious creed, national origin, ancestry, sexual orientation, genetic information, disability, Veteran status, age, or any other protected group status. The Bank is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

To comply with these laws and regulations, the Bank invites you to voluntarily self-identify your sex and race/ethnicity. Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided on this form will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information be summarized and reported to the federal government for civil rights enforcement. When reported, this data will not identify any specific individual.

**PRINT NAME:**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

**DEPARTMENT:**

\_\_\_\_\_

**SEX:**

*(Please select only one category.)*

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ I do not wish to disclose.

**ETHNICITY/RACE:**

*(Please select only one category.)*

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

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

\_\_\_\_\_ Asian

\_\_\_\_\_ White

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

\_\_\_\_\_ Two or more races

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

\_\_\_\_\_ I do not wish to disclose.

**VETERAN AND/OR DISABLED:**

Are you a Disabled Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I do not wish to disclose.

Are you an "Other Protected Veteran"? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I do not wish to disclose.

Are you an Armed Forces Service Medal Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I do not wish to disclose.

Are you a recently separated Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I do not wish to disclose.

Are you disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I do not wish to disclose.

**SIGNATURE:**

**DATE:**

## ETHNICITY/RACE DEFINITIONS:

**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.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.

**Black or African-American:** A person having origins in any of the Black racial groups of Africa.

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Two or more races:** All persons who identify with more than one of the above categories.

## VETERAN AND/OR DISABLED DEFINITIONS:

**Disabled Veteran** is defined as: (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 retirement pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii) A veteran who was discharged or released from active duty because of a service connected disability.

**Other Protected Veteran** is 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.

**Armed Forces Services Medal Veteran** is defined as 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 services medal was awarded pursuant to Executive Order 12985.

**Recently Separated Veteran** is defined as any Veteran who has been discharged or released from active duty in the U.S. military, ground, naval or air service in the past three years.

**Disabled** is defined as any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment, or is regarded as having an impairment. "Life activities" are those which affect employability. "Substantially limits" means the degree that the impairment affects employability.



## CRIMINAL OFFENDER RECORD INFORMATION (CORI)

### ACKNOWLEDGMENT FORM

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Envision Bank is registered under the provision of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees.

As a prospective or current employee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to Envision Bank and its divisions to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to CORI check.

#### FOR EMPLOYMENT PURPOSE ONLY:

The People and Culture Department of Envision Bank and its Divisions may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that I am first provide with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on page 2 of this acknowledgment form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SUBJECT INFORMATION: (An asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                                      \*First Name                                      Middle Name                                      Suffix

\_\_\_\_\_  
Maiden Name (or other names(s) by which you been known)

\_\_\_\_\_  
\*Date of Birth                                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Eye Color: \_\_\_\_\_                                      Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_                                      State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                                      Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip Code

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip Code

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government-issued identification

\_\_\_\_\_  
VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee