

**PRINT, FILL OUT AND FAX THIS FORM TO 410-256-5997
and someone will contact you soon.**

BCSB EMPLOYMENT APPLICATION

APPLICANT'S DAYTIME CONTACT NUMBER: _____



Baltimore County Savings Bank
Human Resources
4111 E. Joppa Road, Baltimore, MD 21236
p. 410-256-5000
www.baltcosavings.com

INSTRUCTIONS: It is the policy of the Company to provide equal opportunity with regard to all terms and conditions of employment. The Company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

BACKGROUND CHECKS AND DRUG TESTING WILL BE DONE PRIOR TO EMPLOYMENT

Position applied for: Application date:/...../.....
Job number

Name:
Last First Middle

Address:
Street City State Zip code

Home phone: Cellular/Other: E-mail address:

Do you have any friends or relatives working here? Yes No

If yes, please name and indicate relationship

Type of schedule you desire: Full time Part time Summer Other

How were you referred to our Company?

Have you ever been employed here? Yes No If yes, please give dates

Is this application a request for reemployment following an extended military leave of absence from our Company? Yes No

If yes, additional information may be required.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Will you travel if required? Yes No

Will you work overtime if required? Yes No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? Yes No

If yes, please explain:

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No

If yes, please provide date(s) and details:

EMPLOYMENT EXPERIENCE

List your most recent employer first. Please indicate self-employment, summer and part time jobs. If you need additional space, you may continue on a separate sheet of paper. Place an "X" by the employer(s) you DO NOT want us to contact.

EMPLOYER:

Contact name: E-mail address:

Address: Phone:

Job title: Supervisor:

Dates employed (mm/yy): from/..... to/..... Hourly rate/salary: starting final

Work performed:

Reason for leaving:

EMPLOYER:

Contact name: E-mail address:

Address: Phone:

Job title: Supervisor:

Dates employed (mm/yy): from/..... to/..... Hourly rate/salary: starting final

Work performed:

Reason for leaving:

EMPLOYER:

Contact name: E-mail address:

Address: Phone:

Job title: Supervisor:

Dates employed (mm/yy): from/..... to/..... Hourly rate/salary: starting final

Work performed:

Reason for leaving:

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

.....

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

EDUCATION BACKGROUND

HIGH SCHOOL: Location:

Course of study: Did you graduate? Yes No Degree or diploma:

COLLEGE: Location:

Course of study: Did you graduate? Yes No Degree or diploma:

GRADUATE SCHOOL: Location:

Course of study: Did you graduate? Yes No Degree or diploma:

VOCATIONAL TRAINING/OTHER: Location:

Course of study: Did you graduate? Yes No Degree or diploma:

CONTINUING EDUCATION:

.....

SPECIAL TRAINING OR SKILLS

Languages, machine operations, etc., that would be of benefit in the job for which you are applying:

.....

.....

REFERENCES

List names and telephone numbers of three business/work 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	PHONE	E-MAIL	YEARS KNOWN

ANTI-DISCRIMINATION CLAUSE

This company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local laws. No question on this application is used to limit or exclude an applicant from employment consideration. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). Examples of prohibited harassment include, but are not limited to, unwelcomed physical contact, comments, jokes, or epithets, threats, insults, name-calling, offensive gestures, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. The Company takes all complaints of harassment seriously, and each will be investigated promptly and thoroughly.

SOCIAL SECURITY NUMBER

SS#: The company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

APPLICANT STATEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company’s rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company’s option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees 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 hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

APPLICANT’S SIGNATURE: **DATE:**

FOR OFFICE USE ONLY

Position number: Employee number: Hire date:/...../.....
 Position title: Officer title:
 Department: Job class: Rate:

PRE-EMPLOYMENT VERIFICATION			
		Date	

BALTIMORE COUNTY SAVINGS BANK

APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Position applied for: Date:

Name: Phone:
Last First Middle

Address:

Referral source:

- Advertisement Friend Relative
 Employment agency Walk-in Other (specify):

CONFIDENTIAL INFORMATION

VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. *Thank you for your cooperation.*

Check one: Male Female

Check one of the following Race/Ethnic Groups: Hispanic or Latino Other

If other, check one of the following Race/Ethnic Groups:

- White Asian Black or African American Native Hawaiian or Other Pacific Islander
 Native American Indian/Alaskan Native Two or more Races

If Native American Indian, check if any of the following are applicable:

- Formal member of a particular tribe
 Have a membership card issued by the tribe
 Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
 Are considered an American Indian in your community
 Used a American Indian School or hospital

(see definitions on next page)

DEFINITIONS

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

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Island.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the 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 Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

BALTIMORE COUNTY SAVINGS BANK

DISABLED/VETERAN AAP SELF-IDENTIFICATION FORM

EMPLOYEE/CANDIDATE NAME:

It is the policy of BCSB to hire well qualified people. An integral part of this Policy is to provide disabled workers, disabled veterans, and Vietnam Era veterans, equal employment opportunity with respect to all employment practices. Consistent with the provisions of the Rehabilitation Act of 1973, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Bank will take Affirmative Action with regard to the above groups.

If you believe that you are covered by the above Acts, the Bank invites you to self-identify for consideration under this Affirmative Action Program. Provision of this information is voluntary and refusal to provide will not subject the applicant or employee to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with the Acts and regulations.

- I am:
- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| A Special Disabled Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An Armed Forces Service Medal Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Recently Separated Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An Other Protected Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A Disabled Individual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If a disabled individual or disabled veteran, what accommodation could the Bank make in order to improve your ability to perform your job properly and safely?

DEFINITIONS:

A Disabled Veteran means (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 retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Armed Forces Service Medal Veteran means a veteran who, while servicing 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 (61 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.

Recently Separated Veterans 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.

Other Protected Veterans 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A replica of that list is enclosed with the annual VETS-100A mailing. A copy of the list also may be obtained by sending an email to helpdesk@vets100.com or by calling 301-306-6752 and requesting that a copy be mailed to you.

Disabled Individual means any person who (a) has a physical or mental impairment that substantially limits one of more of such person's major life activities; (b) has a record of such impairment; or (c) is regarded as having such impairment. For purposes of this part, a disabled individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of handicap.

BCSB

Dated:

Signed: