



Thank you for your inquiry regarding employment at Sugar River Bank.

Please be advised that we only accept applications for specific jobs listed.

The application must indicate specifically which job it is that you are applying for. Applications indicating "will take anything available" will be returned to you.

Please note the branch location that the position is available at and be sure you want to work at that location before completing an application.

If you have met the above specifications and the minimum requirements for the job you are applying for please print and complete the following Employment Application. You may drop off the application at any of our branches, or mail to Human Resources at the following address:

Sugar River Bank  
Attn: Human Resources  
P.O. Box 569  
Newport, NH 03773

Thank you for considering Sugar River Bank as a potential employer.

If you have any questions, you may contact Human Resources at 603-863-3000

**Sugar River Bank is an Equal Opportunity Employer**



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please complete application fully.

Personal Information - Please Print

Form with fields for Last Name, First Name, Middle Name, Address, City, State, Zip Code, Home Telephone #, Daytime Telephone #, Email address, and Social Security Number.

If you are under 18 years of age, can you provide required proof of your eligibility to work?

( ) yes ( ) no

Have you ever filed an application with us before? If Yes, give date

( ) yes (date \_\_\_\_\_) ( ) no

Have you ever been employed by us before?

( ) yes ( ) no

Are you currently employed? If yes, why do you wish to make a change? ( ) yes ( ) no

May we contact your present employer?

( ) yes ( ) no

Do you have any friends or relatives presently employed by us? If Yes, give name and relationship:

( ) yes (name \_\_\_\_\_) ( ) no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

( ) yes ( ) no

On what date would you be available for work? \_\_\_\_\_

Are you available to work: ( ) Full Time ( ) Part Time

( ) Temporary

Are you currently on "lay-off" status and subject to recall?

( ) yes ( ) no

Can you travel if a job requires it?

( ) yes ( ) no

Do you have a driver's license?

( ) yes ( ) no

Have you been convicted of a felony within the last 7 years? ( ) yes ( ) no

If Yes, please Explain \_\_\_\_\_

Federal banking law requires banking institutions to inquire about criminal convictions and prohibits against employing individuals convicted of a criminal offense. All applicants must complete the criminal investigation form to be considered for employment.

Position applied for: \_\_\_\_\_

TYPE OF WORK DESIRED \_\_\_\_\_

Date of Application \_\_\_\_\_

How did you learn about us?

( ) Advertisement

( ) Friend

( ) Walk-In

( ) Employment Agency

( ) Relative

( ) Other \_\_\_\_\_

( ) Referred by SRB employee? Please give name \_\_\_\_\_

**EDUCATION AND TRAINING**

<u>Name of School, Location</u>	<u>Course Major</u>	<u>Graduate – List Degrees</u>	<u>Grade Avg.</u>
High School			
College			
Trade/Technical			
Post Graduate			

**U.S. MILITARY SERVICE**

<u>Branch/Duty Location</u>	<u>Military Specialty</u>	<u>Highest Rank</u>	<u>Special Honors/Special Training</u>

Describe any courses, specialized training, apprenticeship, skills and extra-curricular activities.

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**Specialized Skills:**

List Computer skills/ software/Other office equipment operated/Machinery:

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**List 3 Business References:** Name, address, telephone, relationship, years known.

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

**List 3 Personal References:** Name, address, telephone, relationship, years known.

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

## EMPLOYMENT HISTORY

Please provide a complete employment history listing all positions held, including military, part-time, summer and volunteer, using additional sheets if necessary list in chronological order starting with the most recent or present employer. The employment history must be completed in addition to submitting a resume. *Do not write "See Resume".*

Name of Employer	Dates of Employment From Mo. Yr. To Mo. Yr.
Address of Employer - Street City State ZIP	Your Job Title: Supervisor Name:
Phone number of Employer Last Salary/Rate	Reason for Leaving
Description of Duties:	

Name of Employer	Dates of Employment From Mo. Yr. To Mo. Yr.
Address of Employer - Street City State ZIP	Your Job Title: Supervisor Name:
Phone number of Employer Last Salary/Rate	Reason for Leaving
Description of Duties:	

Name of Employer	Dates of Employment From Mo. Yr. To Mo. Yr.
Address of Employer - Street City State ZIP	Your Job Title: Supervisor Name:
Phone number of Employer Last Salary/Rate	Reason for Leaving
Description of Duties:	

**EMPLOYMENT HISTORY** (cont.)

Name of Employer	Dates of Employment From Mo. Yr. To Mo. Yr.
Address of Employer - Street City State ZIP	Your Job Title: Supervisor Name:
Phone number of Employer Last Salary/Rate	Reason for Leaving
Description of Duties:	

Should you require additional space, please enter on back.

<b>State whether you have ever been terminated or suspended from any previous employment and describe the circumstances and identify employer.</b>
_____
_____

**Applicant's Statement**

<p>I certify that answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.</p> <p>_____</p> <p>Signature of Applicant</p>
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**SUGAR RIVER BANK**  
*Reference Release Form*

**Applicant - Complete Part I and Part III only**

**Part I**

Print your Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

**Part II**

Former Employer, address, telephone # \_\_\_\_\_

Dates employed: \_\_\_\_\_

The above named applicant is being considered for employment at Sugar River Bank and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience, information provided will be treated in confidence. Please return this form to us by fax (863-4451) or in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

**Part III**

**Applicant's Authorization**

I consent to and authorize the above named former employer, educational facility, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, degrees and or grades, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Record of Employment/Education**

Employment Position Held \_\_\_\_\_

Summary of essential duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Salary at termination \_\_\_\_\_ Eligibility for rehire?  Yes  No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

**Educational**

Major Course of Study \_\_\_\_\_

Highest Grade/Degree Completed \_\_\_\_\_ GPA \_\_\_\_\_

Honors, Offices held (omit those which indicate race, religion, national origin, color, sex, age or disability)

Comments \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# SUGAR RIVER BANK

## NOTICE & CONSENT FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT FOR EMPLOYMENT PURPOSES

I, the undersigned consumer, do hereby authorize SUGAR RIVER BANK to procure a consumer report and/or investigative consumer report on me. I understand that SUGAR RIVER BANK may utilize a consumer-reporting agency to perform this service.

I understand that the above mentioned reports may include, but are not limited to, information concerning my employment history, education, character, general reputation, credit history, judgments, liens, driving history, social security number, criminal/civil history and any other public records.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords, public agencies as well as through personal interviews with my references, associates, or other persons who may have such knowledge.

I understand that upon written request, I will be informed whether or not an investigative report was requested, and if a report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report.

I understand that this consumer report or investigative consumer report will be utilized by SUGAR RIVER BANK for the purposes of evaluating me for employment, retention, promotion or reassignment. I also understand that if I am denied employment or adverse employment action is taken against me based wholly or in part of information obtained from this consumer report, that I will be notified by SUGAR RIVER BANK. In such event, SUGAR RIVER BANK will provide me with a copy of the consumer report along with a description of my rights under the Fair Credit Reporting Act and applicable state and federal laws.

I hereby release SUGAR RIVER BANK, it's agents, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such a claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Notice & Consent form shall remain in effect for the duration of my employment with SUGAR RIVER BANK and shall serve as ongoing authorization to procure a consumer report at any time during the course of my employment.

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

New Hampshire Department of Safety  
DIVISION OF STATE POLICE  
Central Repository for Criminal Records  
10 Hazen Drive  
Concord NH 03305

**CRIMINAL RECORD RELEASE AUTHORIZATION FORM**

**PLEASE TYPE OR PRINT CLEARLY**  
***SECTION I***

Name \_\_\_\_\_  
LAST (MAIDEN) FIRST MI

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and unsworn falsification.

Releasee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***SECTION II***

**AUTHORIZATION TO RELEASE CRIMINAL CONVICTION RECORD INFORMATION**

I hereby authorize the release of my criminal convictions(s), if any, to the following individual:

Name: Sugar River Bank, Att: Human Resources Department

Address: 10 N Main Street, Newport NH 03773

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# INVITATION TO SELF-IDENTIFY

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

How did you learn about Sugar River Bank? \_\_\_\_\_

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Sugar River Bank is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action. To implement these policies and to respond to federal affirmative action recordkeeping and reporting requirements, it is important that the following information be gathered from all applicants and employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

**RACE/ETHNIC GROUPS:** Are you Hispanic or Latino? Yes  No

If you answered “No” to the question “Are you Hispanic or Latino?” please check the applicable race box (check one):

- White (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino)

**SEX:**

Male  Female

**VETERAN STATUS:**

Classifications of *protected veteran* are defined as follows:

- A “**disabled veteran**” is either 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.

- I identify as one or more of the classifications of *protected veteran* listed above.
- I am **not** a *protected veteran*.

**APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE**

Armed Forces Expeditionary Medal:		
Campaign/Expedition	Start Date	End Date
Afghanistan (Operation Enduring Freedom)	09/11/01	present
Afghanistan (Operation Iraqi Freedom)	03/19/03	present
Berlin	08/14/61	06/01/63
Bosnia (Operation Joint Endeavor)	11/20/95	12/20/96
Bosnia (Operation Joint Guard)	12/20/96	06/20/98
Bosnia (Operation Joint Forge)	06/21/98	present
Cambodia	03/29/73	08/15/73
Cambodia Evacuation (Operation Eagle Pull)	04/11/75	04/13/75
Congo	07/14/60	09/01/62
Congo	11/23/64	11/27/64
Cuba	10/24/62	06/01/63
Dominican Republic	04/28/65	09/21/66
El Salvador	01/01/81	02/01/92
Global War on Terrorism	09/11/01	present
Grenada (Operation Urgent Fury)	10/23/83	11/21/83
Haiti (Operation Uphold Democracy)	09/16/94	03/31/95
Iraq (Operation Northern Watch)	01/01/97	present
Iraq (Operation Desert Spring)	12/31/98	12/31/02
Iraq (Operation Enduring Freedom)	09/11/01	present
Iraq (Operation Iraqi Freedom)	03/19/03	present
Korea	10/01/66	06/30/74
Kosovo	03/24/99	present
Laos	04/19/61	10/07/62
Lebanon	07/01/58	11/01/58
Lebanon	06/01/83	12/01/87
Mayaguez Operation	05/15/75	05/15/75
Operations in the Libyan Area (Operation Eldorado Canyon)	04/12/86	04/17/86
Panama (Operation Just Cause)	12/20/89	01/31/90
Persian Gulf Operation (Operation Earnest Will)	07/24/87	08/01/90
Persian Gulf Operation (Operation Southern Watch)	12/01/95	present
Persian Gulf Operation (Operation Vigilant Sentinel)	12/01/95	02/01/97
Persian Gulf Operation (Operation Desert Thunder)	11/11/98	12/22/98
Persian Gulf Operation (Operation Desert Fox)	12/16/98	12/22/98
Persian Gulf Intercept Operation	12/01/95	present
Quemoy and Matsu Islands	08/23/58	06/01/63
Somalia (Operations Restore Hope and United Shield)	12/05/92	03/31/95
Taiwan Straits	08/23/58	01/01/59
Thailand	05/16/62	08/10/62
Vietnam Evacuation (Operation Frequent Wind)	04/29/75	04/30/75
Vietnam (including Thailand)	07/01/58	07/03/65

Navy Expeditionary Medal and Marine Corps Medal for These Operations:		
Campaign/Expedition	Start Date	End Date
Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Operation Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Other Campaign and Service Medals Qualifying for Preference:		
Campaign/Expedition	Start Date	End Date
Army Occupation of Austria	05/09/45	07/27/55
Army Occupation of Berlin	05/09/45	10/02/90
Army Occupation of Germany (exclusive of Berlin)	05/09/45	05/05/55
Army Occupation of Japan	09/03/45	04/27/52
Chinese Service Medal (Extended)	09/02/45	04/01/57
Korea Defense Service Medal	07/28/54	TBD
Korean Service	06/27/50	07/27/54
Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD
Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD
Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Navy Occupation of Austria	05/08/45	10/25/54
Navy Occupation of Trieste	05/08/45	10/25/54
Southwest Asia Service Medal (Operations Desert Shield and Desert Storm)	08/02/90	11/30/95
Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Vietnam Service Medal (VSM)	07/04/65	03/28/73
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### 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.<sup>1</sup> 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 1/31/2020  
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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.

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<sup>1</sup> 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](http://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.