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|-------------------------|---|-----------------------|--------------------------|--|---------------------|
| MILITARY SERVICE | HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> | | IF YES, COMPLETE BELOW. | | |
| | Dates of Duty | Branch | Rank at discharge | Duties (include special training) | |
| | To _____ From _____ | | | | |
| | To _____ From _____ | | | | |
| REFERENCES | LIST AT LEAST THREE REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS | | | | |
| | Name | Street Address | City/State | Zip Code | Phone Number |
| | | | | | Area Code () _____ |
| | | | | | Area Code () _____ |
| | | | | | Area Code () _____ |
| GENERAL | LIST MEMBERSHIPS, PROFESSIONAL AFFILIATIONS, EXTRACURRICULAR/RECREATIONAL ACTIVITIES AND ACCOMPLISHMENTS (Do not include information that reveals sex, race, disability, national origin, marital or veteran status, political or religious affiliation) | | | | |
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| OFFICE USE ONLY | FOR OFFICE USE ONLY | | | | |
| | REFERRAL: | DEPARTMENT: | | | |
| | POSITION: | INTERVIEWED BY: | | | |
| | STARTING DATE: | OTHER: | | | |
| | TEST RESULTS | | | | |
| | TESTS | | | | |
| | VIDEOS | | | | |
| | OTHER | | | | |



1201 Twelfth Street
Altoona, PA 16601
888-716-7587
cgsbonline.com

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any legally protected status.

Please type or print clearly in ink. Must be completed ENTIRELY to receive full consideration.

| | | | |
|-----------|------------|----------------|------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY NUMBER |
| _____ | _____ | _____ | ____-____-____ |

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS OR OTHER PHONE _____

PLEASE LIST ANY OTHER NAME(S) USED WHILE EMPLOYED _____
(To be used for reference checking purposes only)

List previous addresses within the United States, except Military, if address has changed during the past seven years:

| NUMBER AND STREET | CITY, STATE, AND ZIP CODE |
|-------------------|---------------------------|
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APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. However, I understand that if employed material omissions or false statements on this application shall be considered sufficient cause for dismissal or refusal to employ.

C & G Savings Bank, at its own expense will arrange for a surety bond for each of its employees. All new employees may be fingerprinted with the cooperation of the FBI.

C & G Savings Bank is hereby authorized to make any investigation of my personal history and financial and credit record, including investigation by credit agencies or bureaus of their choice. I understand that as part of C & G Savings Bank's procedure for processing employment applications an investigation and a report may be made by a consumer reporting agency in the process of which information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I have been acquainted.

I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by C & G Savings Bank, of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information in a consumer report from a consumer reporting agency, I understand that C & G Savings Bank shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.

In accordance with the Secure and Fair Enforcement for Mortgage Licensing Act (SAFE Act), candidates and/or employees defined as Mortgage Loan Originators must register with the Nationwide Mortgage Licensing System (NMLS). Registration requirements, as defined by the SAFE Act, will include criminal background checks and fingerprinting. I understand that my employment with C & G Savings Bank is contingent upon completion and confirmation of NMLS registration and maintenance of the same. I agree to comply with all of the NMLS registration requirements and I authorize and consent to criminal background checks and fingerprinting pursuant to the same.

I hereby certify that the facts set forth in this employment application are true and complete.

APPLICANT'S SIGNATURE

DATE

LAST NAME

FIRST

MIDDLE INITIAL

DATE

POSITION APPLIED FOR:

| | | | | |
|-----------------------------|---|--------------------------------------|---|-------------------------------|
| PERSONAL DATA | HAVE YOU EVER PLEAD GUILTY TO, PLEAD NOLO CONTENDRE, OR BEEN CONVICTED OF A CRIME WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain _____ | | | |
| | HAVE YOU EVER AGREED TO A PRETRIAL DIVERSION OR PROGRAM ENTRY IN CONNECTION WITH A PROSECUTION OF A CRIMINAL OFFENSE INVOLVING DISHONESTY, BREACH OF TRUST OR MONEY LAUNDERING? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain _____ | | | |
| | HAVE YOU EVER BEEN BONDED? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, on what jobs _____ | | | |
| | WERE YOU PREVIOUSLY EMPLOYED BY C & G SAVINGS BANK? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, indicate details below) | | | |
| | Dates: From _____ To _____ | | Department _____ | Position _____ |
| JOB INTEREST | POSITION APPLIED FOR: _____ | | GENERAL AREA OF OCCUPATIONAL INTEREST: _____ | |
| | TYPE OF EMPLOYMENT: (Check as many as apply) | | WILLING & AVAILABLE TO WORK: (Check as many as apply) | |
| | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week | | <input type="checkbox"/> Daytime <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Peak Hours | |
| RATE OF PAY EXPECTED: _____ | | DATE AVAILABLE FOR EMPLOYMENT: _____ | | |
| EDUCATION | TYPE OF SCHOOL | NAME AND ADDRESS | CIRCLE HIGHEST YEAR COMPLETED | DIPLOMA OR DEGREE MAJOR/MINOR |
| | HIGH SCHOOL | | 9 10 11 12 | |
| | COLLEGE OR UNIVERSITY (INCLUDING GRADUATE SCHOOL) | | 1 2 3 4 5 6 | |
| | BUSINESS, TRADE OR TECHNICAL | | | |
| | OTHER | | | |
| SKILLS | OFFICE SKILLS: | | | |
| | Typing WPM _____ | | | |
| | Describe Computer Experience _____ | | | |
| | | | | |
| | List any other special knowledge or skills you have: (i.e., copier, fax) _____ | | | |
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THIS SECTION MUST BE COMPLETED
A resume may SUPPLEMENT, but not REPLACE this information.

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| LIST CURRENT & PREVIOUS EMPLOYERS-MOST RECENT FIRST (List all Financial Institutions.) | | | | |
| EMPLOYMENT HISTORY | 1 | Employer's Name _____ | Dates employed (MO. and Yr.) From _____ To _____ | Final Salary _____ |
| | Address _____ | | Supervisor's name _____ | Area Code _____ Phone Number _____ () |
| | City _____ State/Zip Code _____ | | Reason for leaving _____ | |
| | JOB TITLE(S): _____ | | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time | |
| | DUTIES: _____ | | | |
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| EMPLOYMENT HISTORY | 2 | Employer's Name _____ | Dates employed (MO. and Yr.) From _____ To _____ | Final Salary _____ |
| | Address _____ | | Supervisor's name _____ | Area Code _____ Phone Number _____ () |
| | City _____ State/Zip Code _____ | | Reason for leaving _____ | |
| | JOB TITLE(S): _____ | | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time | |
| | DUTIES: _____ | | | |
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| EMPLOYMENT HISTORY | 3 | Employer's Name _____ | Dates employed (MO. and Yr.) From _____ To _____ | Final Salary _____ |
| | Address _____ | | Supervisor's name _____ | Area Code _____ Phone Number _____ () |
| | City _____ State/Zip Code _____ | | Reason for leaving _____ | |
| | JOB TITLE(S): _____ | | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time | |
| | DUTIES: _____ | | | |
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| EMPLOYMENT HISTORY | 4 | Employer's Name _____ | Dates employed (MO. and Yr.) From _____ To _____ | Final Salary _____ |
| | Address _____ | | Supervisor's name _____ | Area Code _____ Phone Number _____ () |
| | City _____ State/Zip Code _____ | | Reason for leaving _____ | |
| | JOB TITLE(S): _____ | | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time | |
| | DUTIES: _____ | | | |
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IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH SUPPLEMENTAL SHEET(S)