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[Privacy Statement](#)

Citizens Bank Employment Application - New Haven

First Name:

Last Name:

Submitted on:

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, national origin, ancestry, sex (Including pregnancy, sexual orientation and gender identity), disability, age, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Security Notice:

You should ONLY fill out this application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, either visit a branch to fill out a physical application or get the latest version. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Print this application and gather the information you'll need.
2. Complete application on-line and click "Submit Form"
3. To safeguard your privacy, QUIT your browser and restart it again after using this form.

Personal Information

First Name

Middle Initial

Last Name

Today's Date

Social Security No.

Home Phone

E-mail Address

Cellular/Other Phone

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

Resume Upload

If you want to upload your Resume. Please attach it here.

Please submit this information as an additional attachment.

Are you 18 years of age or older?	<input type="radio"/> Yes <input type="radio"/> No
If not, do you have a valid work permit?	<input type="radio"/> Yes <input type="radio"/> No
Are you lawfully authorized to work in the United States?	<input type="radio"/> Yes <input type="radio"/> No
Referral Source (e.g., Walk-in, Job Posting, Employee's Name)	
If necessary, best time to contact you is?	
Preferred Contact Method	<input type="radio"/> Home <input type="radio"/> Cellular <input type="radio"/> E-Mail <input type="radio"/> Other:
Will you travel if the job requires it?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other:
Will you work overtime if required?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other:
Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? <i>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.</i>	<input type="radio"/> Yes <input type="radio"/> No

Have you ever been bonded?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? <i>NOTE: Answering "yes" to this 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.</i>	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide date(s) and details.	
Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in anyway, restrict your ability to work for our company?	<input type="radio"/> Yes <input type="radio"/> No
If yes, Please explain:	
Employment Desired	
Position	Date you can start
	Wage/Salary Desired
Type of employment desired:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Educational Co-Op <input type="radio"/> Seasonal <input type="radio"/> Temporary <input type="radio"/> Other:
Are you now employed?	<input type="radio"/> Yes <input type="radio"/> No
May we contact your present employer?	<input type="radio"/> Yes <input type="radio"/> No
If no, explain	
Have you ever applied with us before?	<input type="radio"/> Yes <input type="radio"/> No

	<div>If yes, where?</div> <div>When?</div>
Were you offered a Position?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Have you ever been Employed by Citizens Bank before?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
<div>If yes , Give Dates</div>	<div>Is this application a request for reemployment following an exteded military leave of absence from Citizens Bank?</div>
Education History	
High School (required)	<div>Name</div> <div>Location</div>
Years Completed	<div><input type="radio"/> 1</div> <div><input type="radio"/> 2</div> <div><input type="radio"/> 3</div> <div><input type="radio"/> 4</div>
Document of completion	<div><input type="radio"/> Diploma</div> <div><input type="radio"/> GED</div> <div><input type="radio"/> None</div> <div><input type="radio"/> Other:</div>
College (required)	<div>Name</div> <div>Location</div>
Degree Program	<div><input type="radio"/> Associate</div> <div><input type="radio"/> Bachelor</div> <div><input type="radio"/> Master</div> <div><input type="radio"/> Doctoral</div>
Graduated	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Subjects Studied	

Business, Trade, or Correspondence School (required)	Name _____		Location _____	
Years Completed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4			
Graduated	<input type="radio"/> Yes <input type="radio"/> No			
Subjects Studied				
Other Study or Research				
Job-related skills typing, etc.,				
Employment History				
List your last four employers, starting with the most recent first.				
Employer 1				
Name of Business		Start Date		End Date
_____		_____		_____
	Address Line 1 _____			
	Address Line 2 _____			
	City _____	State _____	ZIP Code _____	
Position		Starting Wage		Ending Wage
_____		_____		_____
Immediate supervisor and title				
Reason For Leaving				
Summarize the type of work performed and job responsibilities				
Employer 2				
Name of Business		Start Date		End Date
_____		_____		_____

	<div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div>		
<div>PositionStarting WageEnding Wage</div> <div></div>			
Immediate supervisor and title			
Reason For Leaving			
Summarize the type of work performed and job responsibilities			
Employer 3			
<div>Name of BusinessStart DateEnd Date</div> <div></div>			
	<div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div>		
<div>PositionStarting WageEnding Wage</div> <div></div>			
Immediate supervisor and title			
Reason For Leaving			
Summarize the type of work performed and job responsibilities			
Employer 4			
<div>Name of BusinessStart DateEnd Date</div> <div></div>			
	<div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div>		

Position	Starting Wage	Ending Wage
Immediate supervisor and title		
Reason for leaving		
Summarize the type of work performed and job responsibilities		
Employment History Questions		
Explain any gaps in your employment, other than those due to personal illness, injury, or disability		
If not addressed on previous sections, have you ever been fired or asked to resign from a job? If Yes, please explain		
Reference Section		
List Names and contact information of three business/work references who are <i>not</i> related to you and are not previous supervisors. If not applicable, list three school or personal references who are <i>not</i> related to you.		
Reference 1		
Name	Relationship to You	
Years Known	Telephone Number	Email Address
	Address Line 1 Address Line 2 City State ZIP Code	
Reference 2		
Name	Relationship to You	
Years Known	Telephone Number	Email Address

	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Reference 3			
Name		Relationship to You	
Years Known		Telephone Number	Email Address
	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Related Information			
Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying?			
To what job-related organizations (professional, trade, etc.) do you belong?			
List special accomplishments, publications, awards, etc.			
List any relevant volunteer work.			

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct. 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 non-defamatory 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 employer 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, and federal law.

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.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate any employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer 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 in writing and signing by the employer's president.

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 an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, national origin, ancestry, sex (including pregnancy, sexual orientation and gender identity), disability, age, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

(required)

☐ I certify that I have read, Fully understand and accept all terms of the foregoing Applicant Statement.

Authorization

Signature

Date