

NUTMEG FINANCIAL

MHC
and its subsidiaries

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employment

The Nutmeg Financial MHC (the "Company") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Company considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

Please answer all questions and print legibly

GENERAL INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number(s): _____
Home Work

Number of years/months you have resided at above address: _____

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes _____ No _____

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes _____ No _____

EDUCATION

Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School/Prep		9 10 11 12	
College		1 2 3 4	
Graduate/ Professional/ Trade/Business		1 2 3 4	
U.S. Military or Naval Service _____ Rank _____		Present membership in National Guard or Reserves _____	

List any scholastic honors earned in high school, college or graduate school.

If you did not graduate, explain your reasons for leaving.

Are you planning to pursue further studies? Yes _____ No _____

If yes, where and what courses?

Describe any job-related training received in the United States Military or Naval Service.

JOB INFORMATION

Type of work desired? _____

On what date would you be available to work? _____

Are you available to work: Full-time _____ Part-time _____

Hourly Rate/Salary desired? _____

How were you referred to us? _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Can you work overtime? Yes _____ No _____

Can you travel if your job requires it? Yes _____ No _____

Have you ever applied to the Company before, or worked for the Company before? Yes _____ No _____

If yes, under what name, dates of employment and department?

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

If yes, list name and relationship to you:

Use the space below to describe your interest and the skills and aptitudes that you feel qualify you for a position at the Company.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any self-employment, summer and part-time jobs, job-related military service assignments and volunteer activities.

Employer _____ Dates Employed: From _____ To _____

Address _____ Salary: (Start) _____ (End) _____

Telephone Number(s) _____ Job Title _____

Duties/Accomplishments

Supervisor (Name and Title)

Reason for leaving

Employer _____ Dates Employed: From _____ To _____

Address _____ Salary: (Start) _____ (End) _____

Telephone Number(s) _____ Job Title _____

Duties/Accomplishments

Supervisor (Name and Title)

Reason for leaving

Employer _____ Dates Employed: From _____ To _____

Address _____ Salary: (Start) _____ (End) _____

Telephone Number(s) _____ Job Title _____

Duties/Accomplishments

Supervisor (Name and Title)

Reason for leaving

EMPLOYMENT EXPERIENCE...continued

Employer _____ Dates Employed: From _____ To _____

Address _____ Salary: (Start) _____ (End) _____

Telephone Number(s) _____ Job Title _____

Duties/Accomplishments

Supervisor (Name and Title)

Reason for leaving

Have you ever been dismissed, involuntarily terminated
or forced to resign from employment? Yes _____ No _____

If yes, please explain:

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

State any additional information you feel may be helpful to us in considering your application.

**AT-WILL EMPLOYMENT DISCLAIMER
AND
APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the answers given in this application are true to the best of my knowledge.

I understand that false or misleading information given in my application, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Company.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Company.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

I understand that if I am hired by the Company, **my employment can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Company or myself.** I further understand that this "at-will" employment relationship may not be changed except by a formal written agreement signed by me and the President.

In the event of my employment by the Company, I agree to conform to the policies and procedures of the Company, as they may from time to time be implemented or revised.

I have read, understood and agree to the foregoing.

Signature of Applicant

Date

**AUTHORIZATION TO COLLECT
BACKGROUND INFORMATION**

I have applied for employment at the Company. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing below, I hereby voluntarily authorize the Company, its affiliates, successors and assigns and its or their officials, agents and employees to conduct a background check, including obtaining any criminal, civil or administrative records, motor vehicle records, employment records, educational, licensing or regulatory records, credit information and information about my character and general reputation, and to consider the information provided by the background check when making decisions regarding my employment with the Company.

I release the Company, its affiliates, successors and assigns and its or their officials, agents and employees and the providers of any such information or records from any and all liability for damage of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this authorization, the conduct of this investigation and release of information or any attempt to comply with it. A photocopy or facsimile of this authorization may be accepted in lieu of the original.

Signature

Name (Print)

Date

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF A CONSUMER REPORT**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524

Applicant's Name: _____

(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:

CRAs, creditors and others not listed below.

National banks, federal branches/ agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in institution’s name)

Federal credit unions (words “Federal Credit Union” appear in institution’s name)

Banks that are state-chartered or are not Federal Reserve System members

Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

Please Contact:

Federal Trade Commission
Bureau of Consumer Protection FCRA
Washington, DC 20580 202-326-3761

Office of the Comptroller of the Currency
Compliance Management, MS 6-6
Washington, DC 20219 800-613-6743

Federal Reserve Board
Consumer & Community Affairs
Washington, DC 20551 202-452-3693

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-518-6360

Federal Deposit Insurance Corporation
Compliance & Consumer Affairs
Washington, DC 20429 800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20590 202-366-1306

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20205 202-720-7051

EQUAL OPPORTUNITY INFORMATION

IMPORTANT:

PLEASE COMPLETE APPLICATION BEFORE COMPLETING THIS PAGE

Government agencies require periodic reports on the sex, ethnicity and veteran status of applicants. This data is for analysis and affirmative action only. This information is confidential and separate from your application. It is not seen by those making the hiring decision. You are not required to provide this information but your cooperation in doing so would be appreciated.

Position Applied For: _____

Gender: Male _____ Female _____

PLEASE CHECK THE APPROPRIATE DESIGNATION:

_____ 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.

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

_____ 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.

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

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

Military/Veteran Status:

(Check one) _____ Applicable _____ Not Applicable

Name (Printed): _____ Date: _____

CRIMINAL BACKGROUND

NOTE:

THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF EMPLOYMENT) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been “erased”. The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant's Signature: _____ Date: _____

**NOTICE TO APPLICANTS REGARDING
PRE-EMPLOYMENT DRUG TESTING**

Any individual who is a final candidate for employment with Nutmeg Financial, MHC or any of its and business affiliates (the “Company”) will be required to submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of the Company’s intention to conduct drug testing as part of the application process. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Company and shall not be disclosed to the employees of the Company, or any other person, other than those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment.

Arrangements for testing will be made by a representative of the Company, in consultation with each applicant. Cooperation in scheduling testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and you understand and agree that in order to be considered for employment with the Company, you will comply in full with the Company’s drug testing requirements and policy.

Applicant Signature

Date

Name (Please Print)