



Ion Bank • Ion Insurance • Ion Investments

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employment

Ion 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 Cell

Email: _____

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

<i>Name and Address of School</i>	<i>Course of Study</i>	<i>Years Completed</i>	<i>Diploma/Degree</i>
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High School		9	10	11	12
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College		1	2	3	4
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Graduate/Professional/Trade/Business		1	2	3	4
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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? _____

U.S. Military or Naval Service _____ Rank _____ Present membership in National Guard or Reserves _____

Describe any job-related training received in the United State 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 Expectations? _____

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 _____

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

If yes, list name(s) and relationship(s) to you:

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

Current
Employer _____ Dates Employed: From _____ To _____

Address _____

Telephone Number _____ Job Title _____

Supervisor (Name and Title) _____

Reason for leaving _____

Employer _____ Dates Employed: From _____ To _____

Address _____

Telephone Number _____ Job Title _____

Supervisor (Name and Title) _____

Reason for leaving _____

Employer _____ Dates Employed: From _____ To _____

Address _____

Telephone Number _____ Job Title _____

Supervisor (Name and Title) _____

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

If yes, please explain:

**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 the 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

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

Any individual who is a final candidate for employment with Ion 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 results. 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.

Signature

Name (Print)

Date

EQUAL OPPORTUNITY INFORMATION

IMPORTANT: PLEASE COMPLETE APPLICATION BEFORE COMPLETING THIS PAGE

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against an individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite potential employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal requires this employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Position Applied For: _____

Gender: Male _____ Female _____

INVITATION TO SELF-IDENTIFY

What is your race/ethnicity? Please mark the one that describes the race/ethnicity category with which you primarily identify.

_____ **White:** a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American:** a person having origins in any of the black racial groups of Africa.

_____ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **Asian:** 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:** 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:** a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Name (Printed): _____ Date: _____

Voluntary Self-Identification of Disability

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 in accordance with Section 503 of the Rehabilitation Act of 1973. 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the following options below:

_____ YES, I HAVE A DISABILITY (or previously had a disability)

_____ NO, I DO NOT HAVE A DISABILITY

_____ I DON'T WISH TO ANSWER

Name: _____

Position: _____

Date: _____

Reasonable Accommodation Notice

If you checked "Yes," above, 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.
