

# 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, or any other legally protected status.

Position(s) Applied For: \_\_\_\_\_

I am available to work: Full-Time    Part-Time    Temporary (please indicate dates available \_\_\_\_\_ to \_\_\_\_\_)

How Did You Learn About Us?

Advertisement    Relative    Inquiry    Employment Agency    Friend    Other \_\_\_\_\_

## Applicant Information

Full Name:	_____	_____	_____				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>				
Address:	_____		_____				
	<i>Street Address</i>		<i>Apartment/Unit #</i>				
	_____		_____				
	<i>City</i>		<i>State</i>		<i>ZIP Code</i>		
Phone: (     )					Best time to contact you at home is:		
Date Available:	Social Security No.:		Desired Salary: \$				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Can you travel if a job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do any of your friends or relatives, other than spouse, work here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

If yes, state the crime convicted of and the date of the conviction: \_\_\_\_\_

## Education

High School:	_____		Address: _____				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:	_____		Address: _____				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:	_____		Address: _____				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

## References

Please list three references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_

## Employment Experience

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

**If you need additional space, please continue on a separate sheet of paper.**

**List Professional, trade, business, or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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

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### Specialized Skills (Check Skills/Equipment Operated)

Terminal     Spreadsheet     PC/MAC     Word Processing     Typewriter WPM\_\_\_\_     Shorthand WPM\_\_\_\_

Production/Mobile Machinery (list)

Other (list)

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

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? I hereby confirm that the essential functions of the position applied for have been reviewed with me.                     YES                     NO

## Disclaimer and Signature

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

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 the CEO of this organization.

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 regulations of the employer.

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

**ONE COMMUNITY FEDERAL CREDIT UNION  
IS AN EQUAL OPPORTUNITY EMPLOYER**