



Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information

Applicant Name (First, Middle, Last) _____

Social Security # _____

Street Address _____

Home Telephone _____

City, State, Zip _____

Other Contact (Cell, Email) _____

Position Desired: _____ Full Time Part Time

Pay Expected: \$ _____

Available Start Date: _____ Referred By: _____

Are any of your relatives currently employed with HFFCU? Yes No If yes, Employee Name: _____

Have you ever worked for HFFCU before? Yes No If yes, When? _____

Have you ever applied for employment with HFFCU before? Yes No If yes, When? _____

Are you 18 years of age or older? Yes No

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

General

Job Related Skills (languages, machine operation, etc.): _____

Education

Name and Location	Last Year Completed?	Course of Study?	Graduated?	Degree/Diploma?
College	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Technical/Vocational School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Military

Have you ever served in the US Military? Yes No If yes, what Branch? _____

Describe any training received relevant to the position for which you are applying.

Attendance and Punctuality Information

Consistent attendance and punctuality are essential requirements of every job with this credit union. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with HFFCU? Yes No

If yes, please explain:

Employment (attach resume if applicable)

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1.

Company Name

Telephone

Address

Employment Dates (From - To)
\$

City, State, Zip

Ending Salary

Position

Reason for Leaving

2.

Company Name

Telephone

Address

Employment Dates (From - To)
\$

City, State, Zip

Ending Salary

Position

Reason for Leaving

3.

Company Name

Telephone

Address

Employment Dates (From - To)
\$

City, State, Zip

Ending Salary

Position

Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact: _____

References

1.

Name

Relationship

Occupation

Telephone

Address

Years Acquainted

City, State, Zip

2.

Name

Relationship

Occupation

Telephone

Address

Years Acquainted

City, State, Zip

3.

Name

Relationship

Occupation

Telephone

Address

Years Acquainted

City, State, Zip

Please Read the Following Disclosure

If you are hired, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the employer.

I understand that any employment is conditioned on a background check. I authorize the financial institution to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the credit union, without giving me prior notice of such disclosure. In addition, I release the financial institution, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the financial institution. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the financial institution unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the credit union and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the financial institution the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the financial institution's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the financial institution to hire. If hired, I agree to abide by all financial institution work rules, policies and procedures. The financial institution retains the right to revise its policies or procedures, in whole or in part, at any time.

I fully understand and accept all terms and conditions in the above statement.

Signature: _____ Date: _____

Request for Transcript of Academic Records

I hereby authorize the educational institutions listed on this Employment Application to release a copy of my official transcript of my academic record to Health Facilities Federal Credit Union.

Name: _____ Maiden Name: _____

Social Security Number: _____

Applicant Signature: _____ Date: _____

Credit Bureau Report Release

Date: _____

I hereby authorize Health Facilities Federal Credit Union to obtain a credit bureau report for the purpose of employment effective on the date given above. This authorization further allows the credit union to pull credit reports as deemed necessary as long as I am employed by the credit union.

Social Security Number: _____ Date of Birth: _____

Applicant Signature: _____

Management Signature: _____