

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran, disability, or any other legally protected status.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?

- Walk in       Employee referral       Member       People First FCU Website  
 Ad: (Name of source) \_\_\_\_\_  Other: (list) \_\_\_\_\_

\_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone number \_\_\_\_\_ E-mail Address \_\_\_\_\_

If you are under 18 years of age,  
can you provide required proof of you eligibility to work?  Yes  No

Have you ever been employed with us?  Yes  No

If Yes, give date: \_\_\_\_\_

Have you ever been denied bond coverage  
Or had bond coverage cancelled or revoked?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you legally authorized to work in United States?  Yes  No

*(Proof of citizenship or immigration status will be required upon employment)*

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

Days and hours available to work: \_\_\_\_\_

Are you available to work weekends:  Yes  No

Minimum Salary requirements: \_\_\_\_\_

Have you been convicted of any illegal offense within  
the last 7 years?  Yes  No

*If yes, please explain:*

## Education

High School Name and Address:

Course of Study/Degree:

Did you graduate?  Yes  No

College Name and Address:

Course of Study/Degree:

Did you graduate?  Yes  No

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

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, color, religion, national origin, age, marital, veteran, disability, or other protected status:

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## Employment Experience

Employer:

Address and telephone number:

Job Title:

Dates employed:	From	To
Hourly Rate/Salary:	Starting	Final

Work Performed:

Supervisors Name:

Reason for Leaving:

Employer:

Address and telephone number:

Job Title:

Dates employed:	From	To
Hourly Rate/Salary:	Starting	Final

Work Performed:

Supervisors Name:

Reason for Leaving:

Employer:

Address and telephone number:

Job Title:

Dates employed:	From	To
Hourly Rate/Salary:	Starting	Final

Work Performed:

Supervisors Name:

Reason for Leaving:

Employer:

Address and telephone number:

Job Title:

Dates employed:	From	To
Hourly Rate/Salary:	Starting	Final

Work Performed:

Supervisors Name:

Reason for Leaving:

### Employment Experience

#### *Special Skills and Qualifications*

*Summarize special job-related skills and qualifications acquired from employment or other experience. If job-related, indicate any foreign language proficiency.*

## References

Give Name, and telephone number of three references who are not related to you and are not previous employers:

- 1.
- 2.
- 3.

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the 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 6 months. Any applicant wishing to be considered for employment beyond this time period should complete another application or send a resume.

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 an authorized executive 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 of Applicant:

Date:

PEOPLE FIRST FEDERAL CREDIT UNION IS AN EQUAL OPPORTUNITY EMPLOYER.