



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK. Date _____, 20_____

Name _____

Street _____ How Long? _____

City _____ State/Zip _____

Day Phone _____ Home Phone _____

Previous Address _____ How Long? _____

Position for which you are applying? _____

Check the following options you would consider _____ Full Time; _____ Part Time; _____ Temporary?

If part time, specify hours or days: _____

What is your minimum salary requirement? _____ Date available for work? _____

Do you have any commitments to another employer that might affect your employment with us? _____

How did you hear about us? _____

EDUCATION AND TRAINING

	Print School Name, City and State	Degree/Major/Course of Study
High School		
College		
Other		

List any other education, training, special skills or certificates/licenses that you possess related to the job _____

List any machines or equipment on which you are qualified and experienced in operating _____

Typing Speed (words per minute) _____

List any languages that you fluently speak _____ read/write _____

Do you have a valid driver's license in this state? _____ Yes _____ No

Military experience? _____ Yes _____ No If yes, what branch? _____

Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? _____ Yes _____ No

Are you 16 years old or over? _____ Yes _____ No If under 18, state age _____

Were you previously employed by ACFCU? _____ Dates _____

GENERAL INFORMATION (continued)

List any relatives working for ACFCU. _____

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.) Yes No

If yes, explain _____

Have you ever had any bond coverage modified or revoked? Yes No

Have you ever had an application for a bond declined? Yes No

Can you perform the essential functions of the job as outlined in the Position Description? Yes No

Do you require any accommodation to perform the essential functions of the job? Yes No

If yes, explain _____

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

NAME OF EMPLOYER		TYPE OF BUSINESS	
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)		TITLE	
NAME AND TITLE OF SUPERVISOR _____		TELEPHONE NUMBER _____	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS EMPLOYMENT <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING _____ LAST SALARY \$ _____			

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DATES EMPLOYED (FROM-TO)		TITLE	
NAME AND TITLE OF SUPERVISOR _____		TELEPHONE NUMBER _____	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS EMPLOYMENT <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING _____ LAST SALARY \$ _____			

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NAME AND TITLE OF SUPERVISOR		TELEPHONE NUMBER	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS EMPLOYMENT <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
		LAST SALARY \$	

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ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)		TITLE	
NAME AND TITLE OF SUPERVISOR		TELEPHONE NUMBER	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS EMPLOYMENT <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME			
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			
		LAST SALARY \$	

REFERENCES (List three-not relatives-known to you for at least three years.)

NAME AND ADDRESS	OCCUPATION	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, color, national origin, or handicap.)

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give ACFCU any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and ACFCU, from liability for any damage that may result from furnishing same to ACFCU.

I understand that ACFCU has agreed to provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under ACFCU's workers' compensation insurance policy.

If employed by ACFCU, I agree to conform to the rules and regulations of ACFCU. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either ACFCU or myself. I further understand that no manager or representative of ACFCU other than the president has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to ACFCU for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature _____ Date _____