

Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Business Phone Home Phone Email Address

Employment Desired

Position applying for: _____

Other than time off for reasons related to your religion, a disability or a medical condition, are there any days or times when you are unavailable to work?

Would you be available to work overtime, if necessary?..... Yes No

If hired, what date can you start work? _____

Employment Application

Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for the Episcopal Community Federal Credit Union before? Yes No
If yes, when? _____

Why are you applying for work at the Episcopal Community Federal Credit Union?

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 21 years old?..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

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Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?		Degree or Diploma
High School	_____	_____	Yes	No	_____
	Name				

	Address				
	_____	_____			
	City	State	Zip Code		
College/ University	_____	_____	Yes	No	_____
	Name				

	Address				
	_____	_____			
	City	State	Zip Code		
College/ University	_____	_____	Yes	No	_____
	Name				

	Address				
	_____	_____			
	City	State	Zip Code		
Vocational/ Business	_____	_____	Yes	No	_____
	Name				

	Address				
	_____	_____			
	City	State	Zip Code		

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at the Episcopal Community Federal Credit Union? Yes No

If so, please explain:

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Answer the following questions if you are applying for a professional position:

Do you have licenses or certifications applicable to the positions applied for?..... Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended?..... Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History: List below all present and past employment starting with your most recent employer (last five years is sufficient). Completion of this section is mandatory, however, applicants may also attach a resume or expanded summary of job duties if desired.

_____ Name of Employer	_____ Phone Number		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Is this your current employer?..... Yes No

Reason for Leaving? _____

May we contact this employer for a reference?..... Yes No

_____ Name of Employer	_____ Phone Number		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No



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Employment History, continued

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?.....

Yes

No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?.....

Yes

No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?.....

Yes

No

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References

List below three persons not related to you who have knowledge of your work performance within the last five years.

_____ First Name	_____ Last Name	_____ Phone Number	
_____ Address & Street		_____ City	_____ State _____ Zip Code
_____ Occupation		_____ No. of Years Acquainted	

_____ First Name	_____ Last Name	_____ Phone Number	
_____ Address & Street		_____ City	_____ State _____ Zip Code
_____ Occupation		_____ No. of Years Acquainted	

_____ First Name	_____ Last Name	_____ Phone Number	
_____ Address & Street		_____ City	_____ State _____ Zip Code
_____ Occupation		_____ No. of Years Acquainted	

Employment Application

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the Episcopal Community Federal Credit Union to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the Institution any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Institution, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Institution. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Institution, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Institution's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Date

Applicant's Signature