

EMPLOYMENT APPLICATION

Qualified applicants will be considered without discrimination because of race, color, sex, national origin, religion, age, disability, genetic information, citizenship, veteran status, ancestry, sexual orientation, gender identity, or other status protected by applicable law. Reasonable accommodation in the application process will be provided to applicants with disabilities.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security No.
Position Desired			Pay Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			

Have you ever been convicted of, or received probation (or deferred judgment) or pleaded guilty (or no contest) to OR do you have a conviction pending (not yet disposed or resolved) for any felony or misdemeanor? Yes No

Important Note: the existence of a criminal record will not necessarily be an automatic bar to employment. Factors such as date, nature, and serious of the offense will be taken into consideration.

EDUCATION

School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?	Degree Or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby certify that the information, provided in this Application for Employment is true, correct and complete, and is subject to verification by Central Communications Credit Union. Any misstatement or omission of fact on this application, in any interview or, on any resume or other form completed by me, may result in rejection of this application, or if an offer has been extended withdrawal of that offer, or termination of any employment. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I expressly agree that if I am hired, my employment will be at will and will and may be terminated with or without cause or notice, at any time.

Date

Signature

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

EMPLOYMENT

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

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

DO NOT CONTACT

Employer Number (s) _____ Reason _____