

# Employment Application

## PERSONAL INFORMATION

Full Name		Date	
Current Mailing Address			
Telephone		Alternate Telephone	
E-mail Address		Social Security Number	
Former Names			

## EMPLOYMENT INFORMATION

Position You Are Applying For					
Date Available to Begin		Expected Wage			
Type of Employment Desired	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Other _____		
The following conditions may be required for job performance. Are you willing to:					
Work overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Travel between branches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work a rotational schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work fluctuating hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Saturdays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work various shifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you eligible to work in the U.S.?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

## APPLICANT SOURCE

How did you hear about the employment opportunity at Family Horizons? Please check one:			
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Company Website	<input type="checkbox"/> Advertisement: _____	
<input type="checkbox"/> Employee Referral: _____		<input type="checkbox"/> Other: _____	

## EDUCATION

High School Name	City/State	Highest Year Completed	Degree	Major/Minor
College/Trade School Name	City/State	Highest Year Completed	Degree	Major/Minor
List any certifications/training relevant to the position for which you are applying				

List any skills/qualifications relevant to the position for which you are applying			
<b>GENERAL INFORMATION</b>			
Have you ever been employed by Family Horizons Credit Union?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, give dates of employment	From:	To:	
Do you have any friends or family who are currently employed by us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what are their name(s)			
Are you less than 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been bonded by a surety company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been refused bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain:			
Have you ever been convicted of a criminal offense that has not been expunged, restricted, or sealed by a Judge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please disclose the date, charge, city/state, and disposition.			
List any additional information you would like us to consider, including reasons for any gaps in employment			

<b>WORK EXPERIENCE</b> <i>(Please list your <u>current</u> or <u>most recent</u> employer first)</i>				
Company #1				
Address				
Position		Dates of Employment	Starting:	Ending:
Supervisor's Name		Telephone Number		
Description				
Reason for Leaving				
Permission to Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pay	Starting: Ending:
Company #2				
Address				
Position		Dates of Employment	Starting:	Ending:
Supervisor's Name		Telephone Number		
Description				
Reason for Leaving				

Permission to Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pay	Starting:	Ending:
Company #3					
Address					
Position		Dates of Employment	Starting:	Ending:	
Supervisor's Name		Telephone Number			
Description					
Reason for Leaving					
Permission to Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pay	Starting:	Ending:

**WORK REFERENCES** (Please provide three work-related references)

Reference 1	Name	Title		Phone
	Organization	Years Known	Nature of Acquaintance	
Reference 2	Name	Title		Phone
	Organization	Years Known	Nature of Acquaintance	
Reference 3	Name	Title		Phone
	Organization	Years Known	Nature of Acquaintance	

**TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT**

I hereby certify that the information provided on this application is true and complete. I understand and agree that any falsification or significant omissions on this application may result in not being hired or, if found out after employment, may be grounds for dismissal. I understand and agree that under the terms of employment with Family Horizons Credit Union, the employment relationship is terminable "at will" without notice or cause, unless set out in writing, dated, and executed by both parties. I understand that neither this document nor any offer of employment from Family Horizons Credit Union constitutes an employment contract. I understand that any offer of employment may be contingent upon my ability to comply with INS regulations establishing my identity and right to work in the United States. I understand that Family Horizons Credit Union is an Equal Employment Opportunity employer. Family Horizons Credit Union recruits and hires persons in all job titles without regard to race, color, religion, sex, age, disability, or national origin.

I hereby authorize Family Horizons Credit Union to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. I further authorize my past and present employers to furnish Family Horizons Credit Union with my records of employment and the reasons for my separation and any and all information those employers may possess concerning me. I further release Family Horizons Credit Union and/or its agents to make an independent investigation of criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application. In processing this employment application, I understand that Family Horizons Credit Union will request that a Credit Bureau report be prepared. Each staff member must be approved and accepted for bonding by a surety company designated by the Credit Union in order to continue employment. I release Family Horizons Credit Union from liability or damages for compiling such information. Additionally, I release any organization that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. Further, I understand that this application will be considered active for a period of ninety days. I have read and understand the foregoing statements and accept the same as conditions of employment.

<b>Applicant Signature</b>	<b>Date</b>