



Employment Application

(Please print)

It is the policy of **Belvoir FCU** to comply with various federal and state laws prohibiting discrimination because of age, sex, race, color, religion, national origin, disability, marital, and veteran status. **Please exclude** any information that indicates the sex, age, race, color, religion, national origin, or disability of the applicant.

Please answer all questions neatly and completely — this form is part of your personnel record.

General Information					
Last Name	First Name	Middle Name	Other Name Employed Under	Social Security #	
Present Street Address			City	County	State
				Zip Code	How Long?
Home Telephone Number	Are you over 18 and under 70 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible to work in the U.S.? Authorization # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to anyone employed by the Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship		Name		
Were you previously employed by the Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started	Date Left	Department		
Reason for Leaving					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain (Does Not Automatically Disqualify Your Application)			
Have you ever had an application for bond revoked, declined or modified? <input type="checkbox"/> Yes <input type="checkbox"/> No		By whom?	Reason		
Type of work desired			Date Available	Wage or salary desired	

Education							
Circle highest grade completed Grammar 6 7 8 High 9 10 11 12 College 13 14 15 16	Name of School	Location	Dates(Month/Year)		Graduated?		Degree or Course
	High School		From	To	Yes	No	
	Community College						
	College						
	Graduate School						
If you did not graduate, why did you leave school or college? _____							
List any scholastic honors earned in high school or college. _____							
Are you currently pursuing further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Day School <input type="checkbox"/> Night School		Where are you attending?		
What courses are you presently taking or planning on taking?							

Account for your employment, **STARTING WITH PRESENT** or most recent employment first. Include self-employment, summer, part time and verifiable volunteer work. Do not include any religious or ethnic organizations.

Employment History					
Employer	Type of Business		Starting Date MO YR	Leaving Date MO YR	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	Zip Code	Phone
Starting Salary	Hourly Weekly Annually	Final Salary \$	Hourly Weekly Annually	Last Position	
Supervisor's Name	Reason(s) for leaving				
Describe work and responsibilities					
Employer	Type of Business		Starting Date MO YR	Leaving Date MO YR	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	Zip Code	Phone
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Supervisor's Name	Reason(s) for leaving				
Describe work and responsibilities					

ACKNOWLEDGMENTS

In the event of my employment by the Credit Union, I will comply with all rules and regulations as set forth in the Credit Union’s policy manual or other communications distributed to all employees. I understand that if I am hired, my employment with the Credit Union will be **AT WILL** and may be terminated by the Credit Union or me at any time for any reason. I understand that no documents or statements of the Credit Union will constitute a contract of employment that in any way limits the Credit Union’s right to terminate my employment **AT WILL**. I further understand that the **AT WILL** nature of my employment cannot be changed except by a formal written contract signed by the President of the Credit Union.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. Without limiting the **AT WILL** status of my employment if I am hired, I understand that if any of the statements on this application are untrue my employment may be terminated.

I also authorize the companies, schools or persons named in this application to give any information regarding my employment, character, ability or experience together with any information they may have regarding me. I hereby release said companies, schools or persons from all liability for damage from issuing this information. I also release the Credit Union from liability resulting from obtaining this information.

I agree to submit to a pre-employment physical and/or drug screen, if required by the Credit Union.

I hereby acknowledge that I have read the above statements and understand the same.

Signature of Applicant _____ Date _____

Print Name _____

HUMAN RESOURCES DEPARTMENT USE ONLY

Interview Record	
Name	Comments
Date	
Name	Comments
Date	

HUMAN RESOURCES DEPARTMENT USE ONLY

Hire Source													
<input type="checkbox"/> Referral <input type="checkbox"/> Walk-in <input type="checkbox"/> Ad <input type="checkbox"/> Agency <input type="checkbox"/> College Recruiting <input type="checkbox"/> Other (specify) _____													
If referred, by whom;													
Testing	<table border="1"> <tr> <td>Computer</td> <td>Date</td> <td>Score</td> <td>Teller</td> <td>Date</td> <td>Score</td> </tr> <tr> <td>Typing</td> <td>Date</td> <td>Score</td> <td>Other</td> <td>Date</td> <td>Score</td> </tr> </table>	Computer	Date	Score	Teller	Date	Score	Typing	Date	Score	Other	Date	Score
	Computer	Date	Score	Teller	Date	Score							
Typing	Date	Score	Other	Date	Score								

Human Resources Department Use Only

TO BE COMPLETED POST HIRE ONLY

Offer Extended By	Comments	Date	Acceptance Date
Position	Salary <input type="checkbox"/> Annual <input type="checkbox"/> Hourly	Starting Date	
W-2 Exemptions	Pay Cycle	Status <input type="checkbox"/> FT Salaried FLSA <input type="checkbox"/> FT Hourly <input type="checkbox"/> Exempt <input type="checkbox"/> PT Hourly <input type="checkbox"/> Non-Exempt	Hours/Shifts
Benefits	Medical _____ Dental _____	Other Insurance	
DOB	SS #		
Emergency Contact Information			
Name, SS#, and DOB of Spouse			
Supervisor	I-9 Verification _____yes Date _____		
Signature	Human Resources	Date	

FAIR CREDIT REPORTING ACT

Disclosure

It is the policy of the credit union to protect the safety and soundness of the credit union and the interests of its members by obtaining a consumer report and/or an investigative consumer report on applicants and employees. This release shall serve as a formal disclosure that a consumer report may be obtained.

The credit union will not use the information obtained in violation of any federal or state equal opportunity law or regulation, and that, if any adverse action is to be taken based on the consumer report, a copy of the report and a summary of the consumer's rights will be provided to the applicant.

Release

I authorize any consumer-reporting agency to furnish to the credit union, or any agent acting on its behalf, a consumer report and/or an investigative consumer report including information as to my character, general reputation and personal characteristics.

I recognize that I may be subject to a consumer report and/or investigative consumer report ordered by the credit union, and I have a right to request in writing whether or not a consumer report and/or investigative consumer report was requested and if either report was requested, the name and address of the consumer reporting agency to whom the request was made and, in the case of an investigative consumer report, a complete and accurate disclosure of the nature and scope of the investigation requested.

Signature of Applicant

Date

Social Security Number

AFFIRMATIVE ACTION INFORMATION FORM

We are an affirmative action government contractor. In compliance with government regulations we are required to record the number of applicants by race and sex.

We ask, that you indicate your race or national origin and sex. **DO NOT WRITE YOUR NAME.** This information will not be kept with your application and will be used only in accordance with federal and state regulations. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Your application for employment will be considered in the same manner whether or not you fill out this form.

Position Applied For: _____ Date: _____

Please Check One for Each Question:

Gender: Male Female

Marital Status: Married Single Divorced Widowed

Race:

American Indian or Alaskan Native (Not Hispanic or Latino) – Those people having origins in any of the original peoples of North America (including Central America), and who maintain tribal affiliation or community attachment.

Asian (Not Hispanic or Latino)- Those people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino) – Those people having origins in any of the black racial groups of Africa.

Hispanic or Latino – Those people of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origins, regardless of race.

White (Not of Hispanic or Latino) – Those people having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino)-Those people having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races-Those people who identify with more than one of the above.

Referral Source:

Advertisement
 Walk-in

Friend
 Employment Agency

Relative
 Other

FOR PERSONNEL DEPARTMENT USE ONLY

Position applied for is open: Yes No

Position Considered For: _____