



Employment Application

(Please print)

It is the policy of **Belvoir Federal** 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 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.? <input type="checkbox"/> Yes <input type="checkbox"/> No Authorization # _____			
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
				From	To	Yes	No	
	High School							
	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.

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
Starting Salary	Hourly Weekly Annually	Final Salary \$	Hourly Weekly Annually	Last Position	
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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 legal 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 CEO/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	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	