

EQUITABLE FEDERAL CREDIT UNION EMPLOYMENT APPLICATION

Fax this form to 330-633-7607

PERSONAL INFORMATION

Last Name: _____ First Name, M.I.: _____

Social Security #: _____ 18 years of age or older? Yes No

Address 1: _____

Address 2: _____

City: _____ State, ZIP: _____

Home Phone: _____ E-Mail Address: _____

Referred by: _____ Today's Date: _____

EMPLOYMENT DESIRED

Position: _____

Start Date: _____ Salary Desired: _____

Currently Employed?: Yes No Can we contact your current employer?: Yes No

Have you applied here before?: Yes No If so when and where?: _____

EDUCATION

Grammar School (Name and Location): _____

Graduated?: Yes No

Subjects Studied and Degree(s): _____

High School (Name and Location): _____

Last Year Completed (circle one): 1 2 3 4 Graduated?: Yes No

Subjects Studied and Degree(s): _____

College (Name and Location): _____

Last Year Completed: 1 2 3 4 Graduated?: Yes No

Subjects Studied and Degree(s): _____

Technical or Vocational School (Name and Location): _____

Last Year Completed: 1 2 3 4 Graduated?: Yes No

Subjects Studied and Degree(s): _____

GENERAL

Subjects of Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.): _____

FORMER EMPLOYMENT

Name of Employer: _____

Address 1: _____

Address 2: _____

City: _____ State, ZIP: _____

Start Date: _____ End Date: _____

Position: _____ Salary: _____

Reason for Leaving: _____

Name of Employer: _____

Address 1: _____

Address 2: _____

City: _____ City: _____

Start Date: _____ Start Date: _____

Position: _____ Position: _____

Reason for Leaving: _____

Name of Employer: _____

Address 1: _____

Address 2: _____

City: _____ City: _____

Start Date: _____ Start Date: _____

Position: _____ Position: _____

Reason for Leaving: _____

Name of Employer: _____

Address 1: _____

Address 2: _____

City: _____ City: _____

Start Date: _____ Start Date: _____

Position: _____ Position: _____

Reason for Leaving: _____

REFERENCES

Name: _____ Phone Number: _____

Position: _____ Years Acquainted: _____

Address 1: _____

Address 2: _____

City: _____ State, ZIP: _____

Name: _____ Phone Number: _____

Position: _____ Years Acquainted: _____

Address 1: _____

Address 2: _____

City: _____ State, ZIP: _____

AGREEMENT & SIGNATURE

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans Disabilities Act, applicants may request accommodations needed to participate in the application process.

If you are hired, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the employer.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the financial institution. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the financial institution unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the financial institution and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the financial institution the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the financial institution's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the financial institution to hire. If hired, I agree to abide by all financial institution work rules, policies and procedures. The financial institution retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____ Date: _____

BACKGROUND CHECK AUTHORIZATION

AUTHORIZATION:

I understand that any employment is conditioned on a background check. I authorize the financial institution to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the financial institution, without giving me prior notice of such disclosure. In addition, I release the financial institution, any former employers and all references listed in this application from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Signature: _____ Date: _____