

# **EMPLOYMENT APPLICATION**

Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name	Middle Name	Last Name			
Address		City		ST	_ Zip
Primary Phone	Secondary Phone	E-mail			
Position(s) applying for:					
What is your desired salary ra	inge or hourly rate of pay: \$	per			
Referral source:	Have you appli	ed here before? Yes	No If ye	s, give date	<b>:</b> :
Are you available to work; 🗖	Full Time  Part Time  Shift Work	Temporary			
Are you over the age of 18?	Yes No Are you eligible to	work in the United States	? Yes	No	
Are you fluent in a foreign lan	guage (if applicable)? Yes No What l	anguage?			
		1 .			
Are you currently employed?	Yes No Dates available for v	vork:			
Are you currently employed?	Yes No Dates available for v	vork:			
, , , , ,		vork:			
EDUCATION INFORM	MATION				
EDUCATION INFORM	MATION	Did you g		Degree /	Certificatio
EDUCATION INFORM  Name and Location of School  High School / GED	MATION ol	Did you g	raduate? No _	Degree /	Certificatio
EDUCATION INFORM  Name and Location of School  High School / GED  Trade School	MATION ol	Did you g Yes Yes	raduate? No _ No _	Degree /	Certificatio
EDUCATION INFORM  Name and Location of School  High School / GED  Trade School  College	MATION ol	Did you g Yes Yes Yes	raduate? No _ No _	Degree /	Certificatio
EDUCATION INFORM  Name and Location of School  High School / GED  Trade School  College	MATION	Did you g Yes Yes Yes	raduate?  No _  No _  No _	Degree /	Certificatio

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### **REFERENCES**

Please list name and telephone number of three professional references who are not related to you and that you have known for at least one year. Include at least one previous supervisor. Please provide the best telephone number to reach each contact.

Name	Company	l elephone Relationship	to You & Years Kno
	<del></del>		····
EMPLOYMENT I		ent employer, provide the following information:	
Employer		Phone	
Address			
Date of Employment: F	rom:/ To:/_	/ Position Held	
Supervisor:		May we contact for reference?	Yes No Late
Starting Salary: \$		Ending Salary: \$	
Responsibilities:			
Reason for Leaving:			
vviiat did you like least	about your position:		
		Di .	
Date of Employment: F	From:/ To:/_	/ Position Held	
Supervisor:		May we contact for reference?	Yes No Lat
Starting Salary: \$		Ending Salary: \$	
Responsibilities:			
Reason for Leaving:			

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# EMPLOYMENT HISTORY (CONTINUED) Employer \_\_\_\_\_\_\_ Phone \_\_\_\_\_\_ Address \_\_\_\_\_\_\_ Date of Employment: From: \_\_/\_\_/ To: \_\_/\_\_/ Position Held \_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_ May we contact for reference? Yes No Later Starting Salary: \$\_\_\_\_\_ Ending Salary: \$\_\_\_\_\_ Responsibilities: \_\_\_\_\_\_\_ What did you like most about your position? \_\_\_\_\_\_\_ What did you like least about your position? \_\_\_\_\_\_\_

### MILITARY SERVICE RECORD

Branch of Service:
Discharge date:/ Discharge Rank:
List any additional information you would like us to consider:

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## APPLICATION STATEMENT

### **AUTHORIZATION**

I understand that Emporia State Federal Credit Union is not making an employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize Emporia State Federal Credit Union to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, an other relevant information, if job-related. I give my full consent for all contacted individuals, including current or former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Emporia State Federal Credit Union. I acknowledge that a facsimile or photocopy of this form is as valid as the original.

Offers of employment are contingent upon finalizing pre-employment actions which may include: drug test and/or physical examination, or other items may be required. Emporia State Federal Credit Union may withdraw an offer of employment any time for any reason prior to the original agreed upon start date, or after should results come back later.

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard from Emporia State Federal Credit Union and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired, my employment at Emporia State Federal Credit Union is "at will" and may be terminated by myself or by them at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of Emporia State Federal Credit Union has the authority to make any assurance to the contrary.

Signature:	_ Date:	/_	

### EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

For purposes of this document, a typed signature will serve as the official signature

Applicants are considered regardless of race, color, national origin, religion, gender, age, veteran status, disability, or any other legally protected status, federal, state or local. Equal access to the hiring process, services, and employment is available to all individuals. Applicants requiring accommodations to the application and/or interview process should contact the human resource representative.

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