

Application for Employment



Atlantic FCU is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, age, gender, national origin, sexual orientation, disability or handicap, genetic information, veteran status or any other legally protected status.

Last Name	First Name	Middle	
Street Address	City	State	Zip
Phone Number	Position Sought	Full Time or Part Time	

Are you over 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you *legally eligible for employment in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by Atlantic FCU before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Dates:		
Do you have friends or relatives who work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Who:		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, may we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available if hired:		
Can you travel if the position requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Desired rate of pay:		

*If offered employment, you will be required to provide documentation to verify eligibility

References	
1. Reference Name:	Phone #:
Personal or Professional (circle one)	Relationship:
2. Reference Name:	Phone #:
Personal or Professional (circle one)	Relationship:
3. Reference Name:	Phone #:
Personal or Professional (circle one)	Relationship:

Education	
High School:	
City/State:	
Diploma: Yes - No or GED (Circle one)	# of years completed:
College/Tech School:	
City/State:	
Major:	
Degree Earned:	

Trainings/Certificates/Licenses/Professional Designations or Memberships	
School/Organization:	
City/State:	
Designation/Degree:	
Completion Date:	
School/Organization:	
City/State:	
Designation/Degree:	
Completion Date:	
School/Organization:	
City/State:	
Designation/Degree:	
Completion Date:	

Employment History
(List current or most recent employer first)

Employer Name:

City/State:

Dates:

Job Title:

Supervisor:

Phone:

Rate of pay:

Reason for Leaving:

Employer Name:

City/State:

Dates:

Job Title:

Supervisor:

Phone:

Rate of pay:

Reason for Leaving:

Employer Name:

City/State:

Dates:

Job Title:

Supervisor:

Phone:

Rate of pay:

Reason for Leaving:

Employer Name:

City/State:

Dates:

Job Title:

Supervisor:

Phone:

Rate of pay:

Reason for Leaving:

Have you ever been terminated or asked to resign from a job? If yes, please explain:

Explain any gaps in employment history here:

Applicants Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Employer to verify their accuracy and to obtain reference information on my work performance. I hereby release the Employer from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for termination. Applications will be considered active for sixty days.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the employer. I further understand that, either the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant

____/____/____

Date