

FIRST HERITAGE FEDERAL CREDIT UNION

Application For Employment

We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital, veteran or citizenship status, disability, or any other legally protected status.



Last Name _____ First Name _____ M.I. _____

Address _____

Telephone #(s) _____

Position applied for: _____ Date of application: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No N/A

Have you ever filed an application with us before?
 Yes No
If yes, give date _____

Have you ever been employed with us before?
 Yes No
If yes, give date _____

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make such a change?

Are you legally eligible to work in the United States? Yes No *(Proof will be required.)*

On what date would you be available for work?

Are you available for work: full time
 part time temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been bonded in a prior employment? Yes No

Has previous bond coverage ever been modified or revoked? Or has a bond application been denied?
 Yes No

Have you ever been convicted of a crime or pled guilty to a felony or misdemeanor?
 Yes No
If yes, please explain

(An affirmative answer will not automatically disqualify applicant)

Do you use illegal drugs? Yes No

Are you willing to undergo a drug screen?
 Yes No

Have you ever been disciplined or fired from a job?
 Yes No
If yes, please explain:

Are you related to an employee of this company?
 Yes No
If yes, who/how: _____

Have you ever had any job-related training in the United States military? Yes No
If yes, please describe:

Can you perform the duties of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you ever been employed by a credit union or involved in the credit union system? Yes No

EDUCATION

Schooling	Years Completed	Degree Rec'd and Major	Name and Location of School	Did you graduate?
Grammar or High School				
Trade/ Business/ Corresp.				
College				
Graduate School				

REFERENCES

Give name, address and telephone number of three references **who are not related to you and are not previous employers.**

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *(You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.)*

Employer:

Address:

Supervisor:

Phone:

Reason for Leaving:

Job Title:

Hours Worked/Week: _____

Employment Dates: From _____ To _____ Hourly Rate/Salary: Start _____ End _____

Work Performed:

My initials, _____, indicate my willingness for you to talk with this employer.

Employer:

Address:

Supervisor:

Phone:

Reason for Leaving:

Job Title:

Hours Worked/Week: _____

Employment Dates: From _____ To _____ Hourly Rate/Salary: Start _____ End _____

Work Performed:

My initials, _____, indicate my willingness for you to talk with this employer.

Employer:

Address:

Supervisor:

Phone:

Reason for Leaving:

Job Title:

Hours Worked/Week: _____

Employment Dates: From _____ To _____ Hourly Rate/Salary: Start _____ End _____

Work Performed:

My initials, _____, indicate my willingness for you to talk with this employer

If you need additional space, please continue on a separate sheet of paper

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SPECIAL SKILLS AND QUALIFICATIONS:

Do you have experience in any of the following?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> General Ledger | <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Word Processor | <input type="checkbox"/> Bank Reconciliation |
| <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Typing/Keyboarding | <input type="checkbox"/> Cash Register | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Other (Describe) | | |

Describe any honors you have received: _____

List professional, trade, business or civic activities and offices held:

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

State any additional information such as special skills, license or certification you feel may be job related or helpful to us in considering your application: _____

APPLICANT'S AGREEMENT

I UNDERSTAND AND AGREE THAT:

- If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
- First Heritage FCU may verify all of the information provided by me, including but not limited to, education and employment.
- **First Heritage FCU is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of their choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I release from liability all persons or entities supplying or collecting such information.**
- First Heritage is authorized to conduct any pre-employment test and examinations.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- If employed, I understand that my employment is for no definite period of time, and if terminated, First Heritage is liable only for wages or salary earned as of the date of termination.
- I understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested by First Heritage to submit to a urinalysis or other drug screen tests and that my failure to take such test(s) when requested to do so, or unsatisfactory test results, will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.
- I understand that although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required: overtime, a rotating work schedule, or a work schedule that includes Saturday hours.
- I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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For Human Resources Department Use

Remarks:

Date of Interview: _____

Employed ___yes ___no

Position: _____

Hourly Rate/Salary: _____

By _____

Date _____



First Heritage Federal Credit Union is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: _____

Position Applied For: _____

Gender: _____ Male _____ Female

Race or Ethnicity Identity* (select one, see below for definitions)

_____ Hispanic or Latino

_____ Asian (not Hispanic or Latino)

_____ White (not Hispanic or Latino)

_____ American Indian or Alaskan Native (not Hispanic or Latino)

_____ Black or African American (not Hispanic or Latino)

_____ Two or more races (not Hispanic or Latino)

_____ Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Veteran Status ** (see back for definitions)

_____ I am a protected veteran

_____ I am NOT a protected veteran

_____ I do not wish to self-identify

Date Completed: _____

***EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for ex., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the above five races.

****Protected Veterans Definitions**

Active duty wartime or campaign badge Veteran – A veteran who served on active duty in the U.S. military, ground naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled Veteran – (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran – a veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I have a disability (or previously had a disability)**
- NO, I do not have a disability**
- I do not wish to answer**

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

Public Burden Statement: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.