Agriculture Federal Credit Union Employment Application Form PLEASE PRINT ALL Please mail completed application to: OFFICE USE ONLY: INFORMATION P.O. Box 3419 Date received: **REQUESTED EXCEPT** Alexandria, VA 22302 Reviewed by: SIGNATURE or fax application to: 202-479-3821 DATE _____ PLEASE COMPLETE PAGES 1-5. Name ___

	Last	First	Mi	iddle	Ma	iden
Present address						
	Number	Street	City	State 2	Zip	
How long at current	address?		Social Secu	rity No		
Telephone ()						
Are you under age	18YESNO, if "Y	ES", can you provi	de proof of you	r eligibility	to work?YE	SN0
Are you currently au	uthorized to work in the Uni	ted States?Y	ESNO. F	Proof of eli	gibility will be req	uired if hired.
Position applied for	applied for (1) Days/hours available to work					
•	(2)				_ Thur	
(Be specific)					_ Fri _ Sat	
					Sun	
How many hours ca	n you work weekly?					
Employment desired	d GFULL-TIME ONL	Y DPART-T	IME ONLY	□FULL	- OR PART-TIME	E
When are you availa	able to start work?					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

Have you ever had any bond coverage modified, evoked or had an application for a bond declined? Yes No (prior revocation or declination of bond coverage may be relevant to determining your bondability.

APPLICATION FOR EMPLOYMENT DO YOU HAVE A DRIVER'S LICENSE? Yes No What is your means of transportation to work?	PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE					
What is your means of transportation to work?		APPLIC	ATION FOR EMPLO	DYMENT		
Driver's license Operator Commercial (CDL) Chauffe Expiration date	DO YOU HAVE A DRIVER'S LICEI	NSE? 🛛 Yes	🖵 No			
number	What is your means of transportation	on to work?				
Expiration date	Driver's license					
Have you had any moving violations during the past three years? How Many? OFFICE POSITIONS ONLY I Yes I Yes Typing No I Yes I Yes Typing No I Yes I Yes Typing No I Yes Processing I Yes Other Computer No Mac Skills Please list two references other than relatives. Name Position Company Company Address Address I Telephone (_) Telephone (_) Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant.			f issue	□ Operator □ Co	mmercial (CDL)	□Chauffeur
POSITIONS ONLY Personal Yes Yes Yes Yes No Personal Yes Personal Yes Position Other Computer No Mac Skills Please list two references other than relatives. Name Position Position Position Company Company Address Address Telephone (_) Telephone (_) Please to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant.						
Typing No WPM 10-key No Processing No WPM Personal Yes PC Other				(
Computer No Mac Skills Please list two references other than relatives. Name Please list two references other than relatives. Name		WPM				WPM
Please list two references other than relatives. Name	Personal Q Yes PC		Other _	_		
	Name Position Company Address Telephone () Please use this space to elaborate evaluating your qualifications for en believe relevant. Please omit any in	on any backgroun nployment. You n	Position Compan Compan Address Telepho d, experience, or qu nay include hobbies,	y ne () alifications that you be volunteer experience	lieve should be and any other a	considered in ctivities you

PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT** MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? □ Yes □ No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No Specialty ____ Date Entered Discharge Date _ Work Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Experience Employment dates Name of employer Name of last Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address	Name of last Employment of supervisor		es Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your Last Job Title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Work
experiencePlease list your work experience for the past seven years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	· · · · · · · · · · · · · · · · · · ·				
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

May we contact your present employer? \Box Yes \Box No

Did you complete this application yourself 🛛 Yes 🖓 No If not, who did?

After reviewing the attached	job description	on, please i	ndicate if you	are able to	perform the ess	ential function	ns of the job for
which you have applied	Yes	_ No. if you	answered "N	o" , please i	identify those jo	b functions the	at you cannot
perform. If a reasonable acc	commodation	is required	to enable you	ı to perform	the job properly	/ and safely, p	please describe:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other AFCU practices, shall serve to create an actual or implied contract of employment,_____ or to confer any right to remain an employee AFCU, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,_____ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of AFCU._____ Both the undersigned and AFCU may end the employment relationship at any time, without specified notice or reason.______ If employed, I understand that AFCU may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.______

I authorize investigation of all statements contained in this application._____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice._____ I hereby give AFCU permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release AFCU from any liability as a result of such contact._____

I certify all of the information in this application is true and acknowledge that providing false information or omitting information can be grounds for either not hiring or for discharging the application if I am hired.

I understand that, in connection with the routine processing of your employment application, AFCU may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living._____ Upon written request from me, AFCU, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.____

I further understand that my employment with AFCU shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with AFCU is terminable at will for any reason by either party.____

Signature of applicant	Date:
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AFCU is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with AFCU depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.