

Agriculture Federal Credit Union Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please mail completed application to:

P.O. Box 3419
Alexandria, VA 22302

or fax application to:

202-479-3821

OFFICE USE ONLY:

Date received:

Reviewed by:

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____

Last

First

Middle

Maiden

Present address _____

Number

Street

City

State

Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone () _____

Are you under age 18 ____ YES ____ NO, if "YES", can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____

Days/hours available to work

and wage desired (2) _____

No Pref _____ Thur _____

(Be specific)

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available 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).

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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 Experience 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.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start 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.

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May we contact your present employer? Yes No

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

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, 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:** _____

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.