



EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Type of Employment Desired: Full-Time Part-Time Temporary

Are you 18 years of age or older or do you have a state work permit? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you either a U.S. Citizen or a non-citizen with authorization to work in the United States? YES NO
(Completion of I-9 Form required by the U.S. Immigration and Naturalization Services is required no later than three (3) business days after date of hire.)

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? YES NO Need more information about the job's "essential functions" to respond.

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment (continued)

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Military Service

Not Applicable

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Qualifications and Skills

Summarize qualifications and any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three business or personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



EEO Statement

Bay Atlantic Federal Credit Union complies with all laws prohibiting discrimination against employees and applicants based on race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, citizenship status, disability, genetic information, or veterans' status.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

Subject to the provisions of the Fair Credit Reporting Act, I authorize an investigation of all statements contained in this application for employment. I release from all liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer.

I acknowledge that any offer of employment is contingent upon my satisfactorily completing a background check and/or a pre-employment screening process. Such screening process may include a pre-employment drug test. My offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on the company or if my employment would pose a direct threat of substantial harm to myself or others.

I understand that if employed, I will be an employee at-will, which means either I or the Company can end my employment at any time without cause or notice. No statement, whether written or oral, by any company representative other than a written statement by the Company President may vary the foregoing.

Applicant Signature: _____ Date: _____