

## **Application For Employment**

Our Company is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or veteran status; disability; genetic status, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name						
Ī	Last	First	First		Middle	
Addres	S					
	Street	Apt. #	City	State	Zip Code	
Phone	( )	E	Email			
Other N	Names Used					
Previou	us Address Used					
	Street		City	State	Zip Code	
Position	n(s) applied for					
Have y	ou filed an application	here before?	es No	If yes, give dat	e:	
Have y	ou been employed her	e before?	es No	If yes, give dat	e:	
Are any	of your relatives pres	ently employed with the C	ompany?	Yes	No	
lf yes, p	olease provide names	of relatives, their positions	, and departme	ents.		
Are yοι	u employed now?	Yes No E	Earliest date ava	ailable for work?		
Wage e	expected?			-		
Are you	u available to work?	Full time Part	time Sh	ift work Te	mporary	
Are you	ս fluent in any foreign ե	anguage (if job related)?	List:			
	u over the age of 18?	Yes No				

Education	1		1			
		High Sc	hool	College/U	niversity	Graduate/Professional
School Name						
Diploma/Degree						
Honors Received						
Describe Course o	of Study					
Employment Ex	xperience					
List all of your work or last job. Attach				tary service a	ssignments.	Start with your present
Employer:				Tel	ephone:	
Address:						
Job Title:				Su	pervisor:	
Dates Employed:	From		То	_		
Salary:	Starting		Fin	al		
Reason for Leaving	j:					
Work Performed:						
May We Contact Th	nis Employer?	Yes	No	If no, why no	ot?	
Employer:				Tel	ephone:	
Address:						
Job Title:				Su	pervisor:	
Dates Employed:	From		То			
Salary:	Starting		Fin	al		
Reason for Leaving	<u></u>					
Work Performed:						
May We Contact Th	nis Employer?	Yes	No	If no, why no	ot?	

Employer:			Telephone:	
Address:				
Job Title:			Supervisor:	
Dates Employed:	From	То		
Salary:	Starting	Final		
Reason for Leavin	g:			
Work Performed:				
May We Contact T	his Employer? Yes No	lf no, wh	ny not?	
Employer:			Telephone:	
Address:				
Job Title:			Supervisor:	
Dates Employed:	From	То		
Salary:	Starting	Final		
Reason for Leavin	g:			
Work Performed:				
May We Contact T	his Employer? Yes No	If no, wh	ny not?	
Skills/Training				
	your job-related skills or specialized	d training:		
	fessional, trade, business, or civic a sex, race, religion, national origin, ag		nd any offices held. (Exclude memberships bility, or other protected status.)	

-	ecial accomplishments, publica national origin, age, color, dis	•		at would reveal
List any additional	information you would like us	to consider.		
	d telephone number of three (3 revious supervisors.	3) business/work referen	ces who are not relate	ed to you. List at
Name	Company	Job Title	Work Phone	Other Phone
Name	Company	Job Title	Work Phone	Other Phone
Name	Company	Job Title	Work Phone	Other Phone
that any misrepreser grounds for disqualifi <u>Information Release</u> . investigate my emplo full consent for all co Further, I waive my r	ents  ion. I certify that the information intation or omission of any fact in rication from further consideration. I authorize the Company to control by ment history, character, qualificantacted persons, including former ight to bring a claim against these ompany. I also release the Compa	my application, resume, or a for employment, or for term act any company, institution ations, driving record, and or r employers, to provide the e individuals for any damage	any other materials, or d nination if employed. n, or individual it deems other job-related informa information concerning t es arising from furnishing	uring interviews is appropriate to tion. I give my this application. g the requested
icans with Disabilities	offer drug and/or physical examir s Act, any offer of employment ma es not permit me to perform the e	ay be withdrawn if I test pos	sitive for drugs and/or if a	a condition is
	understand that this application is pany and still wish to be consider			
AND MAY BE TERM CAUSE OR NOTICE THIS TIME. I ALSO I	ENT. I UNDERSTAND THAT IF I. INATED BY ME OR BY THE COI E. I UNDERSTAND THAT NO EM UNDERSTAND THAT NOTHING NTRACT AND THAT NO COMPAI HE CONTRARY.	MPANY AT ANY TIME FOR PLOYMENT OFFER IS BE IN THIS APPLICATION IS	ANY REASON, WITH O ING MADE BY THE CO INTENDED TO IMPLY O	OR WITHOUT MPANY AT OR CREATE AN
Signature			 Date	

## Authorization to Past Employer, School, or Other Institution to Release Information

I have applied for employment with *Quest Federal Credit Union* (the Company). As part of the application process, the Company conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to the Company and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to the Company and/or its agents. A photocopy of this authorization is as effective as the original.

Name		Soc Sec #		
Dates of Past Employment:	From	То		
Past Positions Held:				
Department/Location:				
If name has changed (through ma	rriage, etc.) please print	former name:		
Signature			Date	