Employment Application Form

We appreciate your interest in **Family First FCU**. **Family First** is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee, intern, volunteer, etc., based on race, color, sex, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. **Family First** also prohibits harassment of applicants for employment or employees, interns, volunteers, etc., based on any of these protected categories. It is the Company's policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

Family First offers reasonable accommodations in the hiring and employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request an accommodation at any time.

GENERAL INFORMATION				
Please complete all requested information.				
Location:	Date:	Position Applying For:		
Name: (Last) (First)	(Middle)	Minimum Salary Desired:	Date Available for Work:	
Street Address:		Are you at least 18 years old? Yes☐ No☐		
City: S	tate: Zip:	Telephone (Home):	Telephone (Work):	
		() -	() -	
Have you previously worked for or applied for a position with Family First , in any of our locations either as an employee or through an employment agency?		Are you related to or in a close personal relationship with anyone now employed at Family First ? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.)		
Yes 🗌 No 🔲		Yes No No		
		If yes, state name(s) and where they are located.		

If yes, please explain when and, if employed, in what capacity:		
	_	_
Are you available to work overtime as neede	ed? Yes ∐ No	
If yes, are you available weekdays? Yes ☐	No 🗆	
Weekends? Yes ☐ No ☐		
PERMISSION	TO WORK	
Are you legally authorized to work in the Uni	ted States? Ye	s No
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? Yes ☐ No☐		
REFERRAL INFORMATION		
How did you learn about Family First?		
Employment Agency (state name):	☐ School (state name):	
Reputation of Company:	☐ Newspaper ad (name of paper):	
Referral (state name):		Other:

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

1	Company Name	Telephone (Home)
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title and Work Responsibilities	
2	Company Name	Telephone (Home) () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title and Work Responsibilities	

3	Company Name	Telephone (Home)
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title and Work Responsibilities	
	Company Name	Telephone (Home)
4	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title and Work Responsibilities	

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment?				
Yes 🗌 No 🗌				
	PROFES	SSIONAL REFER	RENCES	
Individuals not related to you. Business references preferred.				
Name	Occupation	Phone	Address	Years Known and Capacity
EDUCATION & TRAINING				
Please include name, street, city, state and zip code for each school.				
School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

JOB-RELATED SKILLS AND QUALIFICATIONS		
Please summarize your job-related skills a	and qualifications:	
ADDITIONAL EMPL	OYMENT INQUIRIES	
Emergency Contact Person		
Name:	Phone Number:	
APPLICANT'S STATEMEN	T & ACKNOWLEDGEMENT	
THIS APPLICATION IS NOT COMPLE SIGNED, AND ALL STATEMENTS BELO	TE UNTIL IT IS FULLY COMPLETED, OW HAVE BEEN READ AND INITIALED.	
Initial: I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.		
Initial: I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the Director of Human Resources of Family First, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Director of Human Resources,		

any such agreements must be in writing and signed by the Director of Human Resources and by me or my authorized representative.		
Initial: I further understand and agree that, except for my status, if hired, my wages, hours, working conditions, job compensation rate(s) will be subject to change by Family First .		
Initial: I understand that if I am offered employment, I may I non-solicitation and nondisclosure agreement, as a condition of t		
Initial: I understand that the Company may share the information with other Company employees for employment purposes and hereby consent to such transfer.		
<u>Initial:</u> I hereby authorize, to the extent allowed by applicable federal state and local laws, Family First to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.		
<u>Initial:</u> I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.		
Initial: I understand that the Company may not ask or require applicants to disclose past salary, wages or other compensation.		
My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.		
APPLICANT'S SIGNATURE:	DATE:	
This application will only be considered for 90 days. If you have not been hired within 90 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.		

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