

FAMILY FIRST OF NY FCU

Employment Application Form

We appreciate your interest in Family First FCU. Family First is an equal employment opportunity employer. The credit union'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 Credit Union'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 accommodation 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.		
Name (Last, First, Middle):	Position Applying For:	
Today's Date:	Minimum Salary Desired:	Date Available for Work:
Street Address, City, State , Zip Code:		
Email Address:		
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Number (Cell):	Phone Number (Other):
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? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain when and, if employed, in what capacity:		

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

If yes, state name(s) and where they are located:

Are you available to work overtime as needed? Yes No

If yes, are you available on weekdays? Yes No

Weekends? Yes No

PERMISSION TO WORK

Are you legally authorized to work in the United States? Yes 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?

Current Family First Member

Employment Agency (state name):

School (state name):

Reputation of Company:

Newspaper/ television/ social media (name source):

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.

Do not provide information about current or prior salary, wages or compensation.

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

4	Company Name	Phone Number
	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

PROFESSIONAL REFERENCES

Individuals that are not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

EDUCATION & TRAINING

Please include name, 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 and qualifications:

ADDITIONAL EMPLOYMENT INQUIRIES

Emergency Contact Person

Name:

Phone Number:

APPLICANT'S STATEMENT & ACKNOWLEDGEMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW 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 Credit Union, **I will be an at-will employee**, meaning that either the Credit Union or I may end the employment relationship at any time with or without cause or notice. I understand that only the **Director of HR of Family First**, and no manager, supervisor, or other representative of the Credit Union, 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 HR**, any such agreements must be in writing and signed by the **Director of HR** and by me or my authorized representative.

Initial: ____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by **Family First**.

Initial: ____ I understand that if I am offered employment, I may be required to sign a non-solicitation and nondisclosure agreement, as a condition of the employment.

Initial: ___ I understand that the Credit Union may share the information contained in this application with other Credit Union employees for employment and administrative purposes and hereby consent to such transfer.

Initial: ___ 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 Credit Union information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: ___ I understand and expressly agree that if employed by the Credit Union, storage areas provided for me (locker, desk, etc.) are open to investigation by Family First without prior notice to me.

Initial: ___ I understand that the Credit Union 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 Credit Union and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Credit Union 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.

INVITATION TO SELF-IDENTIFY

Name: _____

How did you learn about Family First FCU? _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Family First Credit Union is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action. To implement these policies and to respond to federal affirmative action recordkeeping and reporting requirements, it is important that the following information be gathered from all applicants and employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

RACE/ETHNIC GROUPS: Are you Hispanic or Latino? Yes No

If you answered “No” to the question “Are you Hispanic or Latino?” please check the applicable race box (check one):

- White (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino)

SEX:

Male Female

VETERAN STATUS:

Classifications of *protected veteran* are defined as follows:

- A “**disabled veteran**” is either a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

- I identify as one or more of the classifications of *protected veteran* listed above.
- I am **not** a *protected veteran*.

APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE

Armed Forces Expeditionary Medal:		
Campaign/Expedition	Start Date	End Date
Afghanistan (Operation Enduring Freedom)	09/11/01	present
Afghanistan (Operation Iraqi Freedom)	03/19/03	present
Berlin	08/14/61	06/01/63
Bosnia (Operation Joint Endeavor)	11/20/95	12/20/96
Bosnia (Operation Joint Guard)	12/20/96	06/20/98
Bosnia (Operation Joint Forge)	06/21/98	present
Cambodia	03/29/73	08/15/73
Cambodia Evacuation (Operation Eagle Pull)	04/11/75	04/13/75
Congo	07/14/60	09/01/62
Congo	11/23/64	11/27/64
Cuba	10/24/62	06/01/63
Dominican Republic	04/28/65	09/21/66
El Salvador	01/01/81	02/01/92
Global War on Terrorism	09/11/01	present
Grenada (Operation Urgent Fury)	10/23/83	11/21/83
Haiti (Operation Uphold Democracy)	09/16/94	03/31/95
Iraq (Operation Northern Watch)	01/01/97	present
Iraq (Operation Desert Spring)	12/31/98	12/31/02
Iraq (Operation Enduring Freedom)	09/11/01	present
Iraq (Operation Iraqi Freedom)	03/19/03	present
Korea	10/01/66	06/30/74
Kosovo	03/24/99	present
Laos	04/19/61	10/07/62
Lebanon	07/01/58	11/01/58
Lebanon	06/01/83	12/01/87
Mayaguez Operation	05/15/75	05/15/75
Operations in the Libyan Area (Operation Eldorado Canyon)	04/12/86	04/17/86
Panama (Operation Just Cause)	12/20/89	01/31/90
Persian Gulf Operation (Operation Earnest Will)	07/24/87	08/01/90
Persian Gulf Operation (Operation Southern Watch)	12/01/95	present
Persian Gulf Operation (Operation Vigilant Sentinel)	12/01/95	02/01/97
Persian Gulf Operation (Operation Desert Thunder)	11/11/98	12/22/98
Persian Gulf Operation (Operation Desert Fox)	12/16/98	12/22/98
Persian Gulf Intercept Operation	12/01/95	present
Quemoy and Matsu Islands	08/23/58	06/01/63
Somalia (Operations Restore Hope and United Shield)	12/05/92	03/31/95
Taiwan Straits	08/23/58	01/01/59
Thailand	05/16/62	08/10/62
Vietnam Evacuation (Operation Frequent Wind)	04/29/75	04/30/75
Vietnam (including Thailand)	07/01/58	07/03/65

Navy Expeditionary Medal and Marine Corps Medal for These Operations:		
Campaign/Expedition	Start Date	End Date
Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Operation Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Other Campaign and Service Medals Qualifying for Preference:		
Campaign/Expedition	Start Date	End Date
Army Occupation of Austria	05/09/45	07/27/55
Army Occupation of Berlin	05/09/45	10/02/90
Army Occupation of Germany (exclusive of Berlin)	05/09/45	05/05/55
Army Occupation of Japan	09/03/45	04/27/52
Chinese Service Medal (Extended)	09/02/45	04/01/57
Korea Defense Service Medal	07/28/54	TBD
Korean Service	06/27/50	07/27/54
Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD
Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD
Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Navy Occupation of Austria	05/08/45	10/25/54
Navy Occupation of Trieste	05/08/45	10/25/54
Southwest Asia Service Medal (Operations Desert Shield and Desert Storm)	08/02/90	11/30/95
Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Vietnam Service Medal (VSM)	07/04/65	03/28/73
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____