

APPLICATION FOR EMPLOYMENT

AFFCU, Inc. intends to comply with applicable law regarding employment discrimination based on race, religion, color, national origin, age, sex, gender, disability, genetic information, veteran status or any other applicable characteristic.

APPLICANT INFORMATION

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of worked desired: _____ FT PT Wage desired: _____ Date Available: _____

If hired, can you provide documents required to establish U.S. citizenship and/or

Eligibility to work in the U.S.? Yes No Are you 18 years of age or older? Yes No

If a minor, can you provide proof of age and documentation necessary to obtain employment? Yes No

How were you referred to AFFCU? _____

Have you ever applied to AFFCU before? Yes No If so, when? _____ What Position? _____

Have you ever been discharged or disciplined for absenteeism, tardiness, failure to notify your employer when absent or any other attendance related reasons? Yes No

Have you ever been disciplined or discharged by a former employer for theft or related offenses? Yes No

If yes to either of the above 2 questions, state particulars _____

EDUCATION

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Diploma Yes No / GED Yes No

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

With what computer programs are you skilled? _____

MILITARY EXPERIENCE

Branch of Service: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT – LIST MOST RECENT POSITIONS HELD

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Wage: _____ Ending Wage: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Wage: _____ Ending Wage: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Wage: _____ Ending Wage: _____

Duties: _____

Reason for Leaving: _____

ADDITIONAL APPLICANT INFORMATION

Describe why you are applying for this position _____
_____.

Explain any gaps in work history _____.

Consistent attendance and punctuality are essential requirements. Is there anything which would interfere with your regular attendance and punctuality if you were offered a job with the company? Yes No

If yes, please explain _____.

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? (AFFCU adheres to the requirements of the Americans with Disabilities Act)

Yes No If no, state particulars _____

Summarize job related skills, education, abilities, additional employment or other experience which you believe should be considered in evaluating your qualification for the position _____

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with AFFCU, Inc. is at-will, meaning that I or AFFCU, Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I understand that AFFCU, Inc. may require the successful completion of a medical or physical examination as well as drug and/or alcohol testing as a condition of employment.



Under Maryland law an employer may not require or demand any applicant for employ to prospective employment or any employee to submit to or take a polygraph, lie detector test or examination as a condition of employment or continued employment. Any employer who violates this provision is subject to a fine not to exceed \$100.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____

Date Signed: _____

Authorization to Release Information (Please read this statement carefully before signing this application):

I authorize AFFCU, Inc. to conduct a thorough background investigation of my work, personal history, and criminal convictions as well as obtain a copy of my credit report in compliance with the FCRA, and verify all data given on this application and during interviews. I also understand that a negative credit report will not automatically disqualify my consideration for employment. I hereby release the company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

Signature of Applicant: _____

Date Signed: _____