Chessie Federal Credit Union

Employment Application

Address:_

Number

Street

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that provides unrequested information will be automatically rejected. Date of Application / / Position(s) Applied for Referral Source: ☐ Advertisement ☐ Employee □ Relative □ Walk-In ☐ Government Employment Agency ☐ Private Employment Agency ☐ Internet □Other Social Security Number____-_-Name: City: State: Zip: Current Address: How long at this address? Previous Address: City: State: Zip: How long at this address?_____ If necessary, best time to call you at home: Phone Number: () What date are you available for employment? Date: ☐ Full time ☐ Part time ☐ Temporary ☐ Seasonal Type of employment desired: (check all that apply) Are you able to work overtime if required? □Yes □No Are you able to meet the attendance requirements of the position? □Yes □No Have you previously applied for a position at Chessie FCU? □Yes □No When? Have you previously worked at Chessie FCU? □Yes □No When? Have you ever been bonded Yes No. If Yes, with what employers? Are you eligible to work in the United States? □Yes □No (Proof of eligibility will be required before you can be employed.) Are you presently on layoff and/or subject to recall from any other company? □Yes □No If yes, please explain: Have you ever been convicted of or pleaded guilty to a felony in the past seven years? □Yes □No If yes, please explain: (give date, location, charge, etc.) (Conviction will not necessarily disqualify you for employment) If the job requires, do you have a valid driver's license? □Yes □No DL# Type: State of Issue Have you had any moving violations in the past 3 Years? If yes, please discribe Do you have any relatives currently employed by Chessie FCU? □Yes □No If yes, please list: If you are under 18, can you furnish a work permit? □Yes □No Person to be contacted in case of an emergency: Relationship: Telephone #: () Name: First __ City:_____State:___Zip:____

Educational Background:

<u></u>	Name/City	How M Years	any Attended	Graduated	Course or Major
High School		1 2	3 4	☐ Yes ☐ No	
College				☐ Yes ☐ No	
Post Graduate				☐ Yes ☐ No	
Business or Trade				☐ Yes ☐ No	
Other					
	History:) employers, assignments or volunteer activitie ent in comments section below.				
Employer:	Telephone:		<u>Employed</u> . & Year	Summarize the nature of the work performed and job responsibilities	
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Address:					
Job Title:			Rate/Salary		
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Immediate Supervisor	and little:	\$	Per		
Reason for leaving:			I Rate/Salary inal		
May we contact for refe	erence / verification? Yes No Later	\$	Per		
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Immediate Supervisor	and Title:	\$	Per		
Reason for leaving:			Rate/Salary inal		
May we contact for refe	erence / verification? Yes No Later	\$	Per		
Employer:	Telephone:		Employed & Year To		the nature of the work nd job responsibilities
Address:	· ·				
Job Title:			Rate/Salary arting		
Immediate Supervisor	r and Title:	\$	Per		
			Rate/Salary inal		
Reason for leaving:		F	ıııaı		

References:

List name and telephone number of three business/work references who are <u>not</u> related to you and are <u>not</u> previous supervisors. If not applicable, list three school or personal references who are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years known	Relationship

I certify that the facts contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Chessie FCU other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Chessie FCU.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Chessie FCU.

I give the employer and /or it's agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer, Chessie FCU, is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act."

Signature of Applicant	Date/_	/	<u> </u>
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