



Lebanon Federal Credit Union

Employment Application

Instructions:

1. Type or print clearly; incomplete or illegible applications will not be processed.
2. This application shall be considered active for a period not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should complete another application.
3. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during this interview and on this form are grounds for terminating the application process; or, if discovered after employment, terminating employment. Additional testing of job-related skills may be required prior to employment.

PERSONAL	Last Name		First	Middle	Date
	Street Address				Telephone ()
	City, State, ZIP				Email Address
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Social Security Number
	Position Desired				Pay Expected
	Type of work for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Are you fluent in any foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No What Language: _____		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)				When will you be available to begin work? _____
	Other special training, skills, licenses or certificates that may be job-related that you feel would be of value to this job or company:				
	If presence is required at conferences and/or meetings, are you willing and able to stay overnight and/or for several days? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Do you have any relatives or friends working for Lebanon Federal Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, List name(s) and relationship(s) _____				

3	Company Name	Telephone ()
	Address	Employed – Month and Year From: To:
	Name of Supervisor	Wages: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year Start: Last:
	State Job Title and Describe Your Work	Reason For Leaving

4	Company Name	Telephone ()
	Address	Employed – Month and Year From: To:
	Name of Supervisor	Wages: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year Start: Last:
	State Job Title and Describe Your Work	Reason For Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>	
	Employer Number (s)	
	Reason:	

OTHER	Have you ever been bonded in prior employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of or plead guilty to a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed by a credit union or involved in the credit union system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what degree?

COMMENTS

Use this space for any additional comments or information you may wish to voluntarily provide:

REFERENCES

Include only individuals familiar with your work ability, other than former employers. Do not include relatives.

NAME**ADDRESS/PHONE****YEARS KNOWN/RELATIONSHIP****CERTIFICATE & RELEASE**

I hereby certify that I have a genuine interest in being hired and that all of the foregoing statements are true and correct. I agree to assume a continuing responsibility to disclose additional or new information, called for by this Employment Application, but known to me only after this Application was completed, and understand that my failure to make such a disclosure, and that falsification of any of the information given herein, on any employment form or in any interview, are grounds for immediate termination, regardless of when such failure or falsification may be discovered.

I authorize this prospective employer to verify my statements and to undertake an investigation to gather and keep as much employment and non-employment information as is permitted by law, and waive any legal requirement to provide notice to me regarding reports or records given or received in accordance with this authorization. Accordingly, all third parties (including individuals, schools, businesses, law enforcement authorities, government agencies and consumer reporting bureaus) are authorized to disclose any and all requested information to this prospective employer, and I agree to release all third parties, as well as this prospective employer and its employees, from any claims arising out of actions taken per these authorizations.

I also understand that my employment may be terminated at any time, with or without cause, without liability to me for salary, wages, or other benefits except as may have been earned up to date of the termination of services.

Signature

Date

FOR EMPLOYER'S USE ONLY

REFERENCES	EMPLOYER	PERSON CONTACTED	RESULTS
	1.		
	2.		
	3.		
	4.		

TO BE COMPLETED AFTER INTERVIEW:

- ☐ More qualified person needed / Not suitable for job available.
- ☐ Offer applicant position of _____ with a start date of _____ Salary _____
- ☐ Applicant not interested in job available.

HUMAN RESOURCES: _____
Signature Date

SUPERVISOR: _____
Signature Date

DEPT HEAD: _____
Signature Date

EVP/VP: _____
Signature Date

PRESIDENT/CEO: _____
Signature Date

OFFER WAS ☐ ACCEPTED ☐ DECLINED BY APPLICANT