

Reason for Leaving:

Date:
Job/Position you are applying for:
Available start date:

A 12 4	C F.		Available start date:				
Applicat	ion for Er	mployment					
Tell Us About	Yourself:						
Name:			Phone Number:				
Address:			Email:				
City:		State:	Zip Code:				
	1 16 11	2 // 1					
	er worked for ti	his company? □ Yes □ No	Are you currently working? □ Yes □ No				
If so, when?	farma d book a soon	rout HCCCH ownlesses			ent employer? Yes No		
□ Yes □ No	•	ent HCFCU employee?	Are you able to perform the essential functions of this job with or without reasonable accommodations? □ Yes □ No				
Hours Availab	ole to Work:						
Monday	From:	To:	Friday	From:	To:		
Tuesday	From:	То:	Saturday	From:	То:		
Wednesday	From:	То:	Sunday				
Thursday	From:	То:			·		
Employment History : Starting with your present or most recent employment, military service, summer, part-time, and casual jobs Company:							
Address:			Name of Supervisor:				
Job Title:			Dates of Employment:				
Reason for L	eaving:						
Company:			Phone Number:				
Address:			Name of Supervisor:				
Job Title:			Dates of Employment:				
Reason for L	eaving:		l				
Company:			Phone Number:				
Address:			Name of Supervisor:				
Job Title:			Dates of Employment:				

Professional References:								
Name:			Occupation:					
# of Years Known:	Relation:		Contact Information:					
Name:			Occupation:					
# of Years Known:	Relation:		Contact information:					
Education:								
		of School, City, State		# of Years Attended	Degrees			
Elementary:								
Jr. High / Intermediate:								
High School:								
College:								
Other (Trade school, etc.)								
Note: It is the policy of this credit unio you will be required to produce Naturalization Service's Form I-S I certify that I have read and unders to ascertain any/all information of call liability for any damages on according to the service of	original documents establis). tood all of this employment apponent to my employment hist	shing your identi plication. It is agr tory, whether sam	eed and understood that the e is of record or not, and I rel	ork, and to complete employer or his agents ease employers and ot	e the U.S. Immigration and s may investigate my background ther persons named herein from			
demonstrate that I am capable of pe physical examination and drug test.	erforming tasks which are perti			•	••			
I further certify that I am a genuine and for no other reason.	applicant for employment and	this application is	being submitted solely for the	e purpose of seeking e	mployment with the employer			
Applicant's initials I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. Applicant's initials								
I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal								
If hired, I agree to abide by all the ru	lles and policies of the employe	er Applicant's init	ials					
This certifies that this application wa that my application will not be consi and I hereby authorize any investiga for employment.	idered if it is incomplete. Furth	ner, I understand t	hat any misrepresentation or	omission when discove	ered, will subject me to discharge			
This application is not a contract and by myself or the credit union, with c				nt is "at will" and can b	pe terminated at any time, either			
Application Date				Applicant's Signature	2			