



EMPLOYMENT APPLICATION

(PLEASE PRINT AND ANSWER ALL THE QUESTIONS)

Florida West Coast Credit Union subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by law. Florida West Coast Credit Union also abides by the requirements of the Americans with Disabilities Act. It is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. Any information collected on this application will fully comply with federal and state laws regarding Equal Opportunity employment and be used for purposes consistent with those laws.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
Street City State/Zip Code

TELEPHONE NUMBER: _____
Home Cell

If you are under 18 years of age, please specify your age here _____. This information will be used for child labor law purposes only.

When will you be able to begin work? _____

Are you seeking full time or part time employment? _____

Have you taken any illegal drugs in the last 30 days? _____

Are you willing to work Saturdays/Weekends? _____

Are you willing to work overtime? _____

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

How did you learn of Florida West Coast Credit Union? _____

Were you referred by someone, if so who? _____

PLEASE CIRCLE YES OR NO

Have you ever been discharged or forced to resign? Yes No If yes, please explain:

Have you received any discipline in the last 12 months of active employment? Yes No If Yes, please explain: _____

Have you ever been arrested or do you have any type of criminal record? Yes No. If yes, please explain: _____

YOUR APPLICATION FOR EMPLOYMENT WILL NOT AUTOMATICALLY BE DISQUALIFIED IF YOU HAVE A CRIMINAL RECORD.

Have you ever been bonded in a former position? Yes No. If yes, has this bonding coverage ever been revoked or modified? Please explain: _____

Have you ever been declined for bond coverage? Yes No. If yes, please explain: _____

ALL EMPLOYEES OF THE CREDIT UNION ARE REQUIRED TO BE BONDED.

RESIDENCES

Below please provide your addresses of residence for the past five years beginning with the most recent address:

| STREET ADDRESS | CITY, STATE, ZIP | FROM: | TO: |
|----------------|------------------|-------|-----|
| | | | |
| | | | |
| | | | |

EDUCATION

Below please describe any educational degrees, skills, training or experience that you feel is relevant to the job:

| Name, City and State Of Educational Institution | GRADUATED? | | TYPE OF DEGREE RECEIVED | GRADE POINT/OVERALL GPA |
|---|------------|----|-------------------------|-------------------------|
| | YES | NO | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MILITARY SERVICE (Complete only if you have served in the military)

Branch of Service: _____ Number of Years/Months of Service _____

Rank at discharge: _____ Date of Discharge: _____

Reason for leaving: _____

Describe any skills learned in the military that may be relevant to the job applied for:

EMPLOYMENT HISTORY

Below complete all full time or part time employment beginning with your most recent employer.

| | | | |
|----------------------|--|-------------------------|--|
| Company Name: | | Telephone #: | |
| Address: | | Dates Employed: From/To | |
| Name of Supervisor: | May we contact: | Rate of Pay: | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| State Job Titles: | | Reason for Leaving: | |
| Describe job duties: | | | |

| | | | |
|----------------------|--|-------------------------|--|
| Company Name: | | Telephone #: | |
| Address: | | Dates Employed: From/To | |
| Name of Supervisor: | May we contact: | Rate of Pay: | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| State Job Titles: | | Reason for Leaving: | |
| Describe job duties: | | | |

| | | | |
|----------------------|--|-------------------------|--|
| Company Name: | | Telephone #: | |
| Address: | | Dates Employed: From/To | |
| Name of Supervisor: | May we contact: | Rate of Pay: | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| State Job Titles: | | Reason for Leaving: | |
| Describe job duties: | | | |

REFERENCES:

| Name | Address | Phone | Relationship |
|-------------|----------------|--------------|---------------------|
| | | | |
| | | | |
| | | | |

Please list below any type of computer, electronic, mechanical equipment, or software skills that you possess that would be relevant to the job applied for:

By signing below I CERTIFY that all the information provided in this application is true and correct. I acknowledge that providing false or incorrect information or omitting information from this application could be grounds for not being hired for the position or for subsequent discharge from the position if I am hired. I also agree to the background information listed below:

CONSENT TO CONDUCT A BACKGROUND INVESTIGATION

As part of our procedure for processing your employment application your personal and employment references will be checked. FWCCU will also pull a copy of your consumer credit report to verify information provided on your employment application. Florida West Coast Credit Union will also require that you are bondable through our bonding company. If you have misrepresented or omitted any pertinent facts on this application, and are subsequently hired, you may be discharged from employment. You may make a written request for information derived from the checking of the references. As a condition of employment it is necessary to provide a completed I-9 which is a DHS Employment Eligibility Verification within 3 business days of your hire date. To complete this form certain identifying documentation will be required from the employee. FWCCU also requires each employee to sign a conflict of interest agreement as well as additional employment agreements regarding the use of the internet and acceptance of employee policies and procedures.

Employee signature _____ Date: _____