



Application for Employment

"Maximizing Members' Financial Well-Being"

Florida State University Credit Union, in accordance with state and federal laws, is an equal opportunity employer. FSU Credit Union is dedicated to a policy of nondiscriminatory employment on any basis including race, creed, color, religion, sex, age, national origin or disability unrelated to job performance. The Credit Union also takes affirmative action to hire qualified disabled veterans, veterans of the Vietnam Era and disabled persons.



PERSONAL

Last Name _____ First _____ Middle _____ Date _____

Street Address (please do not use P.O. Box) _____ How long have you resided there? _____

City _____ State _____ Zip _____

Previous Street Addresses (please do not use P.O. Box) for Past Five Years _____ How long have you resided there? _____

Contact Numbers: Phone Preference #1 Home Cell Work Phone Preference #2 Home Cell Work

Business Phone _____ Email Address _____ SSN# _____

Are you a citizen of the United States? Yes No Are you a permanent resident? Yes No

Are you less than 18 years of age? If yes, please list birth date. _____

If you have previously been employed with us please list position, date, and location. _____

If you have ever applied with this Credit Union please list date and location. _____

If you have ever worked for a credit union please list date and location. _____

If you have any relative employed by this Credit Union please list who. _____

Occupational Preference:

Please indicate the position for which you are applying. _____

Are you available to work Full Time Part Time If part time, how many hours per week? _____

What is your desired salary? Please state in a per month basis. _____

What date will you be available to begin employment? _____



SKILLS

Other than English, what languages do you:

Speak _____ Read _____ Write _____

Please state the skills you possess and how those skills help you qualify for a position with FSU Credit Union.



EDUCATION

School	Name & Address	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma & GPA
Post Graduate					
College/University					
Business/Trade/Technical					
High School					



EMPLOYMENT HISTORY

Even if you have submitted a resume, please complete this section of the application in your own handwriting. List all previous work experience, including time in the U.S. military service, if any. Begin with any present positions and work back to your first position. Please supply accurate and complete full-time and part-time employment information. Florida State University Credit Union reserves the right to verify all information including salary, except information concerning your present employer, which will be verified after hire, unless you advise us that such contact is permissible before hire.

May we contact your present employer? Yes No

1. **Company Name** _____ **(Most recent or present employer)**

Address _____

Name of Supervisor _____ Title _____ May we contact your supervisor? Yes No

Job Title and Description of Work _____

Telephone (____) _____ Full-Time Part-Time (check one)

Employment Dates (Month/Year): From: _____ To: _____

Pay: Starting _____ Ending _____ Per: Year Month Week Bi-Weekly Hourly

Reason for leaving—please be specific: _____

2. **Company Name** _____ **(Prior employer)**

Address _____

Name of Supervisor _____ Title _____ May we contact your supervisor? Yes No

Job Title and Description of Work _____

Telephone (____) _____ Full-Time Part-Time (check one)

Employment Dates (Month/Year): From: _____ To: _____

Pay: Starting _____ Ending _____ Per: Year Month Week Bi-Weekly Hourly

Reason for leaving—please be specific: _____

3. **Company Name** _____ **(Prior employer)**

Address _____

Name of Supervisor _____ Title _____ May we contact your supervisor? Yes No

Job Title and Description of Work _____

Telephone (____) _____ Full-Time Part-Time (check one)

Employment Dates (Month/Year): From: _____ To: _____

Pay: Starting _____ Ending _____ Per: Year Month Week Bi-Weekly Hourly

Reason for leaving—please be specific: _____



EMPLOYMENT REFERENCES

(List prior supervisors, peers, or personal references.)

Name/Occupation	Company Name	Complete Address
1. _____	_____	_____
Yrs. Known _____	Telephone No. _____	Relationship _____
2. _____	_____	_____
Yrs. Known _____	Telephone No. _____	Relationship _____
3. _____	_____	_____
Yrs. Known _____	Telephone No. _____	Relationship _____
4. _____	_____	_____
Yrs. Known _____	Telephone No. _____	Relationship _____





APPLICANT SHOULD READ THE FOLLOWING CAREFULLY

In filing this application for employment, I authorize the Credit Union to inquire in to all statements made in this application, with fill knowledge that any misrepresentations or omissions of facts will prejudice my application for employment, and may, if I become employed, be sufficient cause for dismissal from the Credit Union. If I should be employed, I agree to abide by all rules and policies of the Credit Union; and I understand I will be on probation for the first three months of employment. Completion of this application by me or its receipt by the Credit Union does not indicate there are any positions open and does not in any way obligate the Credit Union. I understand that as part of normal procedure or processing employment applications and employment requests, a routine inquiry may be made concerning information of character, general reputation, credit, personal characteristics, and mode of living. I authorize such investigation and acknowledge that information on the nature and scope of such a report, if one is made, is available upon written request. All applicants are hereby notified that employment applications are valid for sixty days. After sixty days, a new application must be completed.

In consideration of my employment, I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Credit Union or me. I understand that no one (other than the President of the Credit Union) has any authority to enter into any agreement which will modify the at will nature if my employment relationship and I further agree that the at will nature of my employment relationship cannot be modified except by an express written agreement signed by the President of the Credit Union and specifically purporting to modify or terminate the at will nature of my employment relationship with the Credit Union.

I, the undersigned, age _____, of my own free will and without duress, agree in connection with my employment with the Credit Union to submit to alcohol/drug testing. I agree that the results of alcohol/drug testing will become a part of my employment application and my personnel file in the event I am employed. I understand that these alcohol/drug examinations may be repeated from time to time during my employment and I understand that as a condition of my employment and continued employment, the Credit Union may from time to time, require me to submit to specimens of blood, urine or other bodily fluids for testing to determine the presence of alcohol and controlled substances. I hereby authorize and contest to such testing and to hereby authorize the testing agency to release the results of any such test to the Credit Union. I understand that if I fail to comply with the Credit Union's request in this regard or to furnish the appropriate samples when and as requested I will be subject to immediate termination. I understand that any of my personal items brought into the Credit Union, including lunch boxes, purses and packages, are subject to search at any time. I also understand that my locker or desk is subject to search at any time. I consent to such search or agree to cooperate with the Credit Union if requested. Failure to cooperate in a Credit Union authorized search shall be grounds for immediate termination of my employment.

I hereby waive and release any and all claims and causes of action of every kind whatsoever against the Credit Union or any of its officers and employees and any person, firm or corporation engaged by the Credit Union in the taking and maintaining of such alcohol/drug tests, and conducting searches, or from any resulting action or non-action by the Credit Union because of such tests, or in conduction any investigation concerning my background, which I may now or in the future have arising out of or in connection with the aforesaid alcohol/drug tests or investigative procedures.

Signature of Applicant

Date

Signature of Witness

Date





DISCLOSURE PURSUANT TO FAIR CREDIT REPORTING ACT

PURSUANT TO THE FEDERAL FAIR CREDIT REPORTING ACT (15 U.S.C. §1681), THIS DISCLOSURE IS NOTICE TO YOU THAT THE CREDIT UNION MAY OBTAIN AND USE A CONSUMER REPORT FROM A CONSUMER REPORTING AGENCY IN CONJUNCTION WITH YOUR EMPLOYMENT APPLICATION AND USE THAT CREDIT UNION REPORT IN ITS DECISION CONCERNING YOUR EMPLOYMENT WITH THE CREDIT UNION. SHOULD YOU BECOME EMPLOYED BY THE CREDIT UNION, THE CREDIT UNION MAY AT ANY TIME OBTAIN AND USE A CONSUMER REPORT FROM A CONSUMER REPORTING AGENCY IN CONJUNCTION WITH DECISIONS CONCERNING YOUR PRESENT AND FUTURE EMPLOYMENT STATUS WITH THE CREDIT UNION.

BY SIGNING THE BOTTOM OF THIS NOTICE YOU ARE AUTHORIZING THE CREDIT UNION TO OBTAIN AND REVIEW YOUR CONSUMER REPORT FROM A CONSUMER REPORTING AGENCY IN CONNECTION WITH THE CREDIT UNION MAKING ANY AND ALL DECISIONS REGARDING YOUR EMPLOYMENT, INCLUDING BUT NOT LIMITED TO HIRING, PROMOTION, REASSIGNMENT, AND RETENTION.

FURTHERMORE, YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF THE FEDERAL TRADE COMMISSION'S NOTICE "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

YOUR SIGNATURE INDICATES THAT YOU HAVE READ THIS DISCLOSURE AND THAT YOU AFFIRM ALL REPRESENTATIONS MADE HEREIN.

Signature of Applicant/Employee

Witness

Name of Applicant/Employee

Witness

Date: _____



Reference Check Authorization Form

I, _____ hereby authorize The Florida State University Credit Union to complete a comprehensive background screening which may include but is not limited to my past employment, educational records, driving history, credit reporting and criminal history.

Race

Sex

Driver's License Number

Date of Birth

(Information being requested for criminal background inquiry only)

List other states of domicile: _____

Applicant's Signature

Date

Have you been convicted of a crime in the last (7) years? Yes No

If yes, please explain. _____

