



APPLICATION FOR EMPLOYMENT

UFCW Community Federal Credit Union is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration from employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

The information requested on this form is needed to evaluate your application for employment with this organization. All questions on the form must be answered.

Please print and fill out all sections.

Applicant Information

Applicant Name:	Today's Date:
Current Address:	Are you over the age of 28? _____ Yes _____ No IF YOU ARE UNDER 18, please state your age: _____
Home Phone Number:	Social Security Number:
Cell Phone Number:	
Email Address:	

How were you referred to UFCW Community Federal Credit Union (UFCW FCU)?
Have you previously been employed by UFCW FCU? _____ Yes _____ No If yes, please list dates of employment and title(s) held:
Have you previously submitted an employment application to UFCW FCU? _____ Yes _____ No If yes, state when and where the application was submitted.
Do you have any friends or relatives who are employed by UFCW FCU? _____ Yes _____ No If yes, state Name and relationship.
Are you a citizen of the United States of America? _____ Yes _____ No Federal law prohibits the employment of unauthorized aliens.
Can you submit satisfactory proof of employment authorization and identity within 3 days of being hired? _____ Yes _____ No

Employment Positions

Position(s) applying for:
Are you applying for: 1. Regular part-time work? _____ Yes _____ No 2. Regular full-time work ? _____ Yes _____ No 3. Part-time Student work? _____ Yes _____ No
What days and hours are you available to work?
If applying for part-time Student work, when will you be available?
Date available to begin employment:
Salary Requirements:
Can you work on the weekends? _____ Yes _____ No
Can you work evenings? _____ Yes _____ No
Are you available to work overtime? _____ Yes _____ No

Education, Training and Experience

School Name, City and State	Circle Highest Grade Completed	Did you graduate?	Area of Study/Degree
High School:	1 2 3 4	_____ Yes _____ No	
Vocational/Technical:	1 2 3 4	_____ Yes _____ No	
College:	1 2 3 4	_____ Yes _____ No	
Graduate:	1 2 3 4	_____ Yes _____ No	

MILITARY

Branch of Service	Rank in Military	Total Years of Service	Skills / Duties

Employment History

1. Are you currently employed? _____ Yes _____ No

2. If you are currently employed, may we contact your employer? _____ Yes _____ No

Please describe past and present employment positions, dating back 5 years below. Please account for all periods of unemployment. even if you have an attached resume, this section must be completed.

Company Name:	Company Address:
Name and Title of Supervisor:	Telephone Number:
Length of Employment (include dates):	Position:
Reason for leaving:	Starting Pay: Ending Pay:
Describe Job Duties and Responsibilities:	

Company Name:	Company Address:
Name and Title of Supervisor:	Telephone Number:
Length of Employment (include dates):	Position:
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Company Name:	Company Address:
Name and Title of Supervisor:	Telephone Number:
Length of Employment (include dates):	Position:
Reason for leaving:	Starting Pay: Ending Pay:
Describe Job Duties and Responsibilities:	

REFERENCES

List below three persons who have knowledge of your work performance within the last 3 years.
Please include professional references only.

Name - First, Last: _____

Telephone Number: _____

Address: _____

Occupation: _____ Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

Occupation: _____ Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

Occupation: _____ Number of Years Acquainted: _____

Certification and Assent (Please read and sign the statements below)

You certify that the information on this form is correct and complete to the best of your knowledge and ability. You make this statement with the understanding that any false statement, misrepresentation or omission of material fact may be sufficient cause for rejection of your application or for your dismissal after employment. If employed by UFCW Community Federal Credit Union, you agree to abide by all its rules and regulations. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

You give permission to UFCW Community Federal Credit Union to examine your references, record of employment, education record, and any other information you have provided. You authorize references listed to disclose information related to your work record and professional experiences with them. In addition, you release UFCW Community Federal Credit Union, your former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Signature _____ Date _____

**PLEASE SUBMIT APPLICATION TO:
UFCW COMMUNITY FCU
ATTENTION: HUMAN RESOURCES
377 WYOMING AVENUE, BOX 4258
WYOMING, PA 18644-4258**

You may also submit at any branch office or email to: dambrose@ufcwpa.org

377 Wyoming Avenue
Wyoming, PA 18644-4258
570-693-0500

1460 Sans Souci Parkway
Hanover Twp., Pa 18706
570-693-0500

570 Market Street
Kingston, PA 18704
570-693-0500

46 South Main Street
Pittston, PA 18640
570-693-0500