



First Choice Financial Federal Credit Union

355 Hales Mills Road • P.O. Box 232 • Gloversville, New York 12078-0232 • Phone: (518) 725-3191 • Fax: (518) 725-3404

APPLICATION FOR EMPLOYMENT

Federal and state laws prohibit discrimination in employment based on race, religion, gender, national origin, age, disability, sex, marital status, sexual orientation, veteran status, military obligations or association with any of the above. The credit union is committed to the principles of equal employment and intends to comply with all applicable laws.

Date: _____

Personal Information

Name: _____
 First Middle Initial Last

Present Address: _____
 Street City State / Zip

Telephone: () _____ Social Security Number: _____

If under 18 years of age, do you have a work permit? Yes No

Are you either a US citizen or an alien with legal right to work in the US?
(You will be required to furnish proof of lawful work status if you are offered a job). Yes No

Are you able to perform the duties of the job(s) for which you have applied,
with or without reasonable accommodation? Yes No

Have you ever been convicted of a crime? If so, please describe fully the conviction(s),
the nature of the offense, your age at the time of the offense and any rehabilitation since
the conviction. A conviction record will not necessarily be a bar to employment. Yes No

Type of employment desired: Full Time _____ Part Time _____ Temporary _____ Desired Shift _____

Position(s) applied for: _____

Date you can begin: _____

Have you ever worked for the credit union before? Yes No Reason for leaving: _____

<u>Dates of Employment:</u> _____ to _____	<u>Name, Address & Phone Number of Employer:</u> _____
Briefly describe your job duties & work experience: _____ _____ _____	
Reason for leaving: _____ _____	
Name of Supervisor: _____	May we contact for a reference? Yes No

Employment References

List the names and telephone numbers of at least three work related references (not related to you).

Name: _____ Telephone: () _____ Years known: _____

Name: _____ Telephone: () _____ Years known: _____

Name: _____ Telephone: () _____ Years known: _____

Applicant's Statement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the credit union's service, whenever it is discovered. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I give the credit union the right to contact and obtain information from all personal references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the credit union and it's representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information.

The credit union does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the credit union and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the credit union reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the credit union, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant's Signature

Date