

APPLICATION FOR EMPLOYMENT

(Valid for only 45 days)



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL DATA

Name (last, first, middle) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) _____ Cell Phone Number: _____

Are you legally eligible for employment in the United States? Yes No (If yes, proof is required)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Position(s) applied for: _____ Referred by _____

Type of employment available for: Full Time Part Time Seasonal Temporary

Hours/shift available _____ Days available (circle) **MON TUES WED THURS FRI SAT**

Are you currently on "lay-off" status and subject to recall? Yes No

Driver's license number (if driving may be required in position for which you are applying) _____ State _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No *Answering yes will not automatically disqualify an applicant.*

If "yes", describe in full: _____

Have you ever had a bond revoked, declined, or are you under an "order of prohibition"? Yes No

EDUCATION RECORD

High school _____

Address _____

Degrees or diplomas _____

College/University _____

Address _____

Degrees or diplomas _____

Trade or technical training _____

Address _____

Degrees or diplomas _____

EMPLOYMENT HISTORY

Begin with most recent employer. Please give complete full and part time employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Attach additional sheet if needed.

A. Employer	Dates of employment	From	To
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Why did you leave?			

B. Employer	Dates of employment	From	To
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Why did you leave?			

C. Employer	Dates of employment	From	To
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Why did you leave?			

EMPLOYMENT HISTORY (CONTINUED)

D. Employer	Dates of employment	From	To
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Why did you leave?			

E. Employer	Dates of employment	From	To
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Why did you leave?			

F. Employer	Dates of employment	From	To
Address			
City	State	Zip code	
Phone ()	Beginning salary	Ending salary	
Title/duties			
Manager's name			
Why did you leave?			

We may contact the employers listed unless you circle those you do not want us to contact.

Employer Letter(s) not to contact: (Circle) **A B C D E F** Reason

Have you filed an application here before? Yes No If yes, give date:

Have you ever been employed here before? Yes No If yes, give dates:

Do any of your friends or relatives work here? Yes No Name: Relation:

REFERENCES

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone ()

Home phone ()

Relationship

2. Reference

Work phone ()

Home phone ()

Relationship

3. Reference

Work phone ()

Home phone ()

Relationship

APPLICANT'S STATEMENT

(PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION)

I certify that answers given herein are true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time and should reapply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

A Personal Credit Report inquiry may be requested on applicants. Kennedy Space Center Federal Credit Union is a drug-free workplace. Job applicants and employees are required to submit to voluntary drug testing.

By signing below, you hereby authorize the Credit Union to obtain a consumer credit report on you for employment purposes. If the Credit Union takes an adverse action based on this report, you will be provided with a copy of the credit report and a summary of your rights under the Fair Credit Reporting Act. Bondability is a requirement for employment.

I fully understand and accept all terms and conditions in the above statement.

Applicant's Signature

Date