

APPLICATION FOR EMPLOYMENT

412 East University Avenue • Gainesville, FL 32601 • (352) 372-8225 • www.alliancecufl.org

GENERAL NAME: PHONE: Last. First. Middle Initial ADDRESS: Night Street Cell State City Zip E-mail Address **POSITION DESIRED:** STARTING SALARY REQUIRED: **AVAILABILITY:** (Ex: 2 pm – 8 pm) Sunday Monday Tuesday Wednesday Thursday Friday Saturday Are you interested in (check all that apply): ☐ Full-Time ☐ Part-Time ☐ Seasonal Would you also expect to work elsewhere? ☐ Yes Preferred # of hours per week: _____ If accepted, when can you start? _____ ☐ Yes Are you related to an Alliance Credit Union of Florida employee or board П No member? If yes, please give name and relationship: Have you ever been employed by Alliance Credit Union of Florida? П Yes П No How did you hear about the position? Do you have the legal right to remain and work in the United States? ☐ Yes ☐ No Have you ever been convicted of any criminal offense? ☐ Yes □ No If yes, please explain: _____ ☐ Yes Have you worked under another name in the past ten years?

EMPLOYMENT

List below all present and past employers, beginning with your most recent.

Company Name (Address and Phone Number)	Title and description of the work you did:
Starting Salary: \$ Ending Salary: \$ Name of Supervisor(s):	From (Month/Year): To (Month/Year): Reason for Leaving:
Company Name (Address and Phone Number)	Title and description of the work you did:
Starting Salary: \$ Ending Salary: \$ Name of Supervisor(s):	From (Month/Year): To (Month/Year): Reason for Leaving:
Company Name (Address and Phone Number)	Title and description of the work you did:
Starting Salary: \$ Ending Salary: \$ Name of Supervisor(s):	From (Month/Year): To (Month/Year): Reason for Leaving:
May we contact employers listed above?	If no, indicate which one(s) you do not wish us to contact.

SKILLS Indicate your skills and abilities in the following areas, if applicable to the position in which you are applying. Proficiency Level Examples: adding machine, multi-line phone; PC, Mac; (5 = Excellent; 1 = Poor) Windows, Microsoft Office, Corel Suite, Adobe Products Equipment Operated: Computers Operated: Software Operated: **EDUCATION High School** (Name and Address): Years Completed: _____ Did you graduate? ☐ Yes ☐ No GPA: College or University (Name and Address): Years Completed: _____ Did you graduate? ☐ Yes ☐ No GPA: _____ Course of Study (Major/Minor): List Degree or Certificate Other (Name and Address): Years Completed: _____ Did you graduate? ☐ Yes ☐ No GPA: Are you attending school or taking courses now? Yes No If yes, please list where you are attending. List Scholastic Honors: PERSONAL REFERENCES Do not refer to previous employers or relatives Reference #1 Reference #2 Reference #3 Name: Occupation:

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

Exclude those which may disclose your race, color, religion or national origin.

All qualified applicants will receive consideration for employment without regard to age, race, religion, sex, marital status, color, national origin, disability, veteran status or any other status protected under local, state or federal laws. No information on this application will be used for the purpose of discrimination. I understand that receipt of this application by Alliance Credit Union of Florida does not guarantee a job interview or offer of employment. I voluntarily grant Alliance Credit Union of Florida the right to investigate the statements made in this application as well as other job-related information and activities. I also authorize my previous employers to supply my employment record, in confidence, in whole or in part, to Alliance Credit Union of Florida. I understand that the employment for which I am applying is not guaranteed for any particular length of time and that either Alliance Credit Union of Florida or I remain free to terminate the relationship at any time. I certify that the statements I have made on this application are true. I understand that falsification of any statements made by me on this application is grounds for disqualification from further consideration or for immediate dismissal from employment. Applicant's Signature **Date Signed** As part of the application process for employment at Alliance Credit Union of Florida, I understand that they and/or its agents may conduct and investigation of my personal information. The investigation might include, but is not I imited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize the full release of these records and further authorize Alliance Credit Union of Florida and/or its employees or agents to request, receive and review this information. Applicant's Name: First MΙ Last (This will only be used for criminal and driving records retrieval.) Date of Birth: (DO NOT include if sending via e-mail.) Social Security #: Current Address: Street City **CREDIT RELEASE AUTHORIZATION** I hereby authorize Alliance Credit Union of Florida to obtain mycredit report from any credit reporting agency in connection with my application at Alliance Credit Union of Florida. I understand that my credit report and the information therein shall be used in compliance with State Law or Federal Law or Fair Credit Report Act or Equal Employment Opportunity Law or appropriate regulations. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information. -hereby authorize, without any reservation, any information bureau contacted by Alliance Credit Union of Florida to obtain the above credit information.

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

Date Signed

Applicant's Signature