



GATHER

Federal Credit Union

APPLICATION FOR EMPLOYMENT

Date
Renewed
Position Applying For

GENERAL INFORMATION

Name		Social Security No.	
Address		Telephone No.	
City	State	Zip Code	E-mail Address

EMPLOYMENT RECORD

List all previous employers, starting with present or most recent. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if necessary. Follow the same format.

Name & Address of Former Employer		Dates Employed	Position & Duties	Reason for Leaving
Company Name	Phone	From (MM/YY)		
Address		To (MM/YY)		
City	State	Zip		
Company Name	Phone	From (MM/YY)		
Address		To (MM/YY)		
City	State	Zip		
Company Name	Phone	From (MM/YY)		
Address		To (MM/YY)		
City	State	Zip		
Company Name	Phone	From (MM/YY)		
Address		To (MM/YY)		
City	State	Zip		
Company Name	Phone	From (MM/YY)		
Address		To (MM/YY)		
City	State	Zip		
Company Name	Phone	From (MM/YY)		
Address		To (MM/YY)		
City	State	Zip		
Company Name	Phone	From (MM/YY)		
Address		To (MM/YY)		
City	State	Zip		



REFERENCES- (NOT RELATIVES)

Name	Occupation	Telephone No.	Address
Name	Occupation	Telephone No.	Address

EDUCATION

	Name of School	Address	No. of Years Attended	Degrees
Elementary				
Jr. High/ Intermediate				
High School				
College				
Other (trade school, etc)				

MEDICAL INFORMATION

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician.

Are you able to perform the essential functions of this job with or without reasonable accommodation? Yes/No Applicant's Initials

OTHER

Do you know anyone presently working for our company? Yes/No If so, who? Name

NOTE

It is the policy of this Company to hire only U. S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U. S. Immigration and Naturalization Service's Form I-9.)

SIGNATURE

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Application Date Applicant Signature