FOUNDERS FEDERAL CREDIT UNION

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

# Employment Application

## PERSONAL

Date

Last Name First Middle

Home Telephone

Street Address

Cellular Telephone

City, State, Zip

Business Telephone

Position Desired

Location Desired

Social Security #

Apart from absence for religious observance, are you available for full-time work? ☐ Yes ☐ No
If "No," what hours can you work? _____

Will you work overtime if asked? ☐ Yes ☐ No

Pay Expected

Are you currently attending school? ☐ Yes ☐ No
If "Yes," please attach school schedule.

Are you related to a current employee of Founders? ☐ Yes ☐ No
If "Yes," please list name(s) and relationship(s):

E-mail Address

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Have you ever applied for employment with us? ☐ Yes ☐ No If "Yes," Month & Year:
Location:

When will you be available to begin work?

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? ☐ Yes ☐ No If "Yes," describe in full.

Have you ever been bonded? ☐ Yes ☐ No
If "Yes," with what employers?

Have you ever been discharged from a position? ☐ Yes ☐ No
*Please note: A "Yes" answer will not necessarily result in you not being considered for employment.*

Membership in professional and civic organizations (Exclude those which may disclose your race, color, religion, age or national origin). Other special training or skills (languages, machine operation, etc.), special accomplishments or awards.

## EDUCATION – *Please complete in full.*

| School | Name & Location of School | Course of Study | No. of Yrs Completed | Did You Graduate? | Degree or Diploma |
|---|---|---|---|---|---|
| Graduate | | | | ☐ Yes ☐ No | |
| College | | | | ☐ Yes ☐ No | |
| Business/Trade/Technical | | | | ☐ Yes ☐ No | |
| High School | | | | ☐ Yes ☐ No | |

## MILITARY

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes," in what branch?

Describe any training received relevant to the position in which you are applying.

| **EMPLOYMENT** – ***Please complete in full.*** | Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer**.** |
|---|---|

| | | |
|---|---|---|
| **1** | Company Name | Telephone |
| | Address | Employed – *(State month and year)*<br>From To |
| | Name of Supervisor | Pay – *(Please check one)*<br>Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐<br>Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|---|---|
| **2** | Company Name | Telephone |
| | Address | Employed – *(State month and year)*<br>From To |
| | Name of Supervisor | Pay – *(Please check one)*<br>Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐<br>Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|---|---|
| **3** | Company Name | Telephone |
| | Address | Employed – *(State month and year)*<br>From To |
| | Name of Supervisor | Pay – *(Please check one)*<br>Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐<br>Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| We may contact the employers listed above unless you indicate those you do not want us to contact. | ***DO NOT CONTACT*** |
|---|---|
| | Employer Number (s) _____ Reason _____ |

***Please read and understand this statement before signing your application:***

The information I provided in this Application for Employment is true. False, incomplete or misrepresented information 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 the employer to obtain information about me from previous employers, educational institutions, and any other parties to verify the accuracy of information in this application, a related employment resume, or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose. This application will expire in 6-months. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

**THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT. IF I ACCEPT AN OFFER OF EMPLOYMENT I UNDERSTAND THE EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO ONE, OTHER THAN AN EXECUTIVE OFFICER OF THE EMPLOYER, HAS AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT WITH TERMS CONTRARY TO THE FOREGOING AND THEN ONLY IN WRITING SIGNED BY SUCH OFFICER.**

***I accept all terms and conditions in the above statement.*** _____ _____

Date Signature

# NOTIFICATION OF INVESTIGATION
# AND
# INFORMATION RELEASE AUTHORIZATION

## NOTICE

This is to inform you that as part of our procedure for processing your employment application, we may conduct an investigation in which we will obtain or cause to be obtained a consumer report from consumer reporting agencies. You are specifically notified that Founders Federal Credit Union (FFCU) and its agents may obtain or cause to be obtained a credit report for purposes of making employment decisions. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency.

## RELEASE

I understand the above notification and agree to permit FFCU and its agents to conduct an investigation as described above. By my signature below, I hereby authorize the release of information from my records requested by FFCU, a prospective employer, and its agents. I hold harmless any third party releasing information in reliance upon this release and FFCU and its agents.

It is expressly understood and agreed that any information given may be used for the purpose of determining my acceptability for employment. A photocopy of this authorization shall be deemed as effective as the original.

| | |
|---|---|
| _____ | _____ |
| Signature | Date |
| _____ | _____ |
| Printed Name | Social Security Number |
| _____ | |
| Address | |
| _____ | _____ |
| City, State, Zip | Witness |

***Completed form may be returned to Human Resources via:***

| | |
|---|---|
| ***Email:*** | ***HR@FoundersFCU.com*** |
| ***US Mail:*** | ***Founders FCU*** |
| | ***Attn: Human Resources*** |
| | ***737 Plantation Road*** |
| | ***Lancaster, SC 29720*** |
| ***Fax:*** | ***(803) 289-5087*** |