



NIH
Federal Credit Union

Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Personal

Name: _____ Social Security # _____
Last First MI

Address: _____
Street City State Zip Code

Home Telephone #: (____) _____ Alternate #: (____) _____

Email Address: _____

Desired Position(s): _____ Date of Application: ____/____/____

Have you ever applied for employment with us? ____ Yes ____ No

If Yes: Month and Year _____

Are you legally eligible for employment in this country? ____ Yes ____ No Date available to work: ____/____/____

Desired salary range or rate of hourly pay? _____

Type of employment desired? (Please check the appropriate category.)

____ Full-Time ____ Part-Time ____ Seasonal ____ Educational Co-Op ____ Temporary

Are you willing to work overtime if required? ____ Yes ____ No

Will you travel if job requires it? ____ Yes ____ No

Are you over 18 years of age? ____ Yes ____ No If not, employment is subject to verification of age.

Have you ever been convicted of a crime of violence? ____ Yes ____ No

If yes, please describe in full.

Personal Continued

Have you ever been convicted of any crime or theft? Yes No

If yes, please describe in full. A conviction record will not constitute an automatic bar to employment.

Have you been bonded recently? Yes No

If yes, with what employer? _____

Are you able to perform the job duties for which you have applied, with or without reasonable accommodation?

Yes

No

If no, please describe in full.

Referral Source: (Please check the appropriate category.)

Walk-in NIHFCU Website Staffing Agency School Advertisement

NIHFCU Employee Job Fair Other

Name: _____

Education

School (include city and state)	Years Completed	Course of Study	GPA	Degree or Diploma

Employment

Please give accurate, complete full-time and part-time record. Start with your present or most recent employer.

1

Company Name	Telephone #
Address	Employed (Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Work Duties:	Reason for leaving:

2

Company Name	Telephone #
Address	Employed (Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Work Duties:	Reason for leaving:

3

Company Name	Telephone #
Address	Employed (Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Work Duties:	Reason for leaving:
<p>We may contact the employers that you have listed above unless you indicate that you to want us to contact them at this time.</p> <p>Employer Number: _____ Reason: _____</p> <p>Employer Number: _____ Reason: _____</p>	

Employment Continued

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

Have you ever been fired or asked to resign from a job? ____ Yes ____ No
If yes, please explain:

Skills and Qualifications

List below any training skills, licenses and/or certificates that may assist you in performing the position that you are applying for:

1. _____

2. _____

3. _____

References

List the names and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. This can be school or personal references that are **not** related to you as well.

Name	Title	Years Relationship to You	Telephone	Known

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with the National Institutes of Health Federal Credit Union is true, complete and correct.

I expressly authorize, without reservation, the NIHFCU, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the NIHFCU, its agents, employee or representative, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that NIHFCU does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from NIHFCU and still wish to be considered for employment, it will be necessary for me to reapply and 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 with or without prior notice, and NIHFCU reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of NIHFCU is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by NIHFCU' s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete a I-9 Form in this regard.

National Institutes of Health Federal Credit Union does not tolerate unlawful discrimination in its employment practices. No questions on this application are used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, or religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. NIHFCU likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive movements or gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as vendor or customer). NIHFCU takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that if any information is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to (1) eliminate me from further consideration of employment, or (2) may result in immediate discharge from NIHFCU's service, whenever it is discovered.

DO NOT SIGN UNTIL HAVE FULLY READ THE ABOVE APPLICANT STATEMENT
I certify that I have read, fully understand and agree to all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: ___/___/___