



Application for Employment

Prospective employees will receive consideration without discrimination because of race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. For more information visit us at www.nihfcu.org

Personal

Name: _____ Social Security # ____/____/____
Last First Middle

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 NoDate 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 the 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 felony or misdemeanor? Yes No

If yes, please list convictions along with conviction dates.

Personal Continued

Have you ever worked for a financial institution or other employer that required you to be bonded? Yes No

If yes, has your bonding ever been revoked? Yes No

If yes, please describe the circumstances:

Referral Source: (Please check the appropriate category). Walk-in NIHFCU Website School
 Staffing Agency Advertisement NIHFCU Employee Job Fair Other

If "Other" or NIHFCU Employee please provide the name: _____

Education

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

Employment

Please provide 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:

We may contact the employers that you have listed above unless you indicate that you do not want us to contact them at this time.

Employer Number: _____ Reason: _____

Employer Number: _____ Reason: _____

Employer Number: _____ Reason: _____

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 three professional references with their title, telephone number, email address, and how long you have known them for.

Name	Title	Telephone	Email Address	Number of Months/Years 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 (NIHFCU) 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, corporation 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 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 an I-9 Form in this regard.

The 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 YOU HAVE FULLY READ THE ABOVE APPLICANT STATEMENT.

I verify that I have read, fully understand and agree to all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ **Date:** _____



NIH Federal Credit Union is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	____/____/____
Position applied for	

Section 2: Please check (4) all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran		
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran		
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Protected Veteran		
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran		
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Armed Forces Service Medal Veterans		
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		**Other		
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		<input type="checkbox"/> Individual with Disabilities		
<input type="checkbox"/> I do not wish to Self-Identify				
Signature:				
How did you hear of our opening?				
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below:				
For Human Resources Use Only:	Requisition #		Job Group	