



Employment Application

Position you are applying for: _____ Hourly salary desired: _____

Hours Desired: Full-Time Part-Time **If necessary, I am able to work overtime?** Yes No

I WILL BE ABLE TO REPORT TO WORK _____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

PERSONAL INFORMATION

_____ Last Name _____ First Name _____ Middle
 _____ Address _____ City _____ State _____ Zip Code
 Home Phone: _____ Cell Phone: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____

Are you a U.S. citizen? Yes No
Are you legally authorized to work for any employer in the United States? Yes No
 (If hired, proof of employment authorization will be required?)
Have you ever been convicted of a felony? Yes No
If selected for employment are you willing to submit a pre-employment drug screening test? Yes No
Are you able to perform the essential functions of the position with or without accommodations? Yes No

EDUCATION

Name & Location	Years Completed	Field of Study	Graduate or Degree
High School:			
College/University:			
Business/Technical:			
Other:			

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted. May we contact your current employer? Yes No

Employer name & Address: _____ _____ _____ Pay: \$ _____ Per: _____	Job Title & Major Duties: _____ _____ Supervisor: _____ Phone: _____	Start Date: _____	End Date: _____
		Reason for leaving: _____	
Employer name & Address: _____ _____ _____ Pay: \$ _____ Per: _____	Job Title & Major Duties: _____ _____ Supervisor: _____ Phone: _____	Start Date: _____	End Date: _____
		Reason for leaving: _____	

Equal Opportunity Employer: It is the policy of St. Joseph's Hospital Federal Credit Union to provide equal employment opportunities for all applicants and employees without regard to race, religion, national origin, ancestry, age, color, sex, gender identity, gender expression, physical or mental disabilities, medical condition, pregnancy, military or veteran status, marital status, sexual orientation, genetic information or any other characteristic protected by applicable law.

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EMPLOYMENT HISTORY (continued)			
Employer name & Address: _____ _____ _____ Pay: \$ _____ Per: _____	Job Title & Major Duties: _____ _____ Supervisor: _____ Phone: _____	Start Date:	End Date:
		Reason for leaving:	
Employer name & Address: _____ _____ _____ Pay: \$ _____ Per: _____	Job Title & Major Duties: _____ _____ Supervisor: _____ Phone: _____	Start Date:	End Date:
		Reason for leaving:	

PROFESSIONAL REFERENCES		
List below two individuals who are familiar with your professional attributes. Do not use relatives or former supervisors as references.		
Name:	Phone:	Title/Employer:
Name:	Phone:	Title/Employer:

ACKNOWLEDGEMENT & AUTHORIZATION	
Carefully read each statement below and initial beside the statement to acknowledge your agreement.	
_____	I certify that all answers given herein are true and complete to the best of my knowledge.
_____	I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
_____	In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.

Signature of Applicant

Date