APPLICATION FOR EMPLOYMENT



ABOUT FREMONT FEDERAL CREDIT UNION

YOUR EDUCATION AND TRAINING

Thank you for your interest in applying for a job with Fremont Federal Credit Union. Because of our commitment to offering the highest possible satisfaction to our members, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both FFCU and our employees. Please answer the following questions honestly, completely and thoughtfully. This application must be completed in full, even if you are attaching a resume. Incomplete applications will not be considered. FFCU is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status, disability or any other legally-protected classification.

Date of Application PERSONAL INFORMATION Middle Initial Address: State Zip Code

of the State State Zip Code

If you are under 18 years of age, do you have a work permit? Yes No State Number and the state of the State State No State Telephone: (_____ If you have ever worked under another name, please identify: Have you ever applied for bond coverage and been declined? Yes _____ No ____ Have you ever had any bond coverage that was modified or revoked? Yes YOUR JOB INTERESTS Position Desired: Date you can start work: Consistent attendance and punctuality are essential requirements of every job with FFCU. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with FFCU? Yes No If Yes, please explain. Can you perform the essential functions of the position (as contained within the corresponding job description) for which you are applying? (If you have any question as to what functions are applicable to the position for which you are applying, please ask an FFCU human resources representative before you answer this question.) Yes ____ No ___ If No, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? What starting salary or wage do you expect: \$ /hr \$ /wk \$ /month Are you available for full-time work? Yes____ No____ Are you available for part-time work: Yes_____ No____ Yes No If no, what shift(s) are you willing to work? Are you willing to work any shift: Are there any days and/or times of the week when you would not be available to work? Please specify: How did you learn of this job opening? Have you ever worked for FFCU before? Yes No When? Who was your supervisor? Why did you leave? Do you know anyone who works here? Yes No Who? Have you applied to work with us before? Yes No When?

Please Circle Highest Grade Completed:					
1 2 3 4 5 6 7 8 Grade School	9 10 11 12 High School	1 2 3 4 5 College	1 2 3 4 Trade/Tech		
What was the last school you attended?	What degree(s)	have you achieved?			
What extracurricular activities did you parthe job for which you are applying?	ticipate in, or special skills	did you acquire, at the above-circled	school(s) that might be helpful with		
YOUR WORK EXPERIENCE					
Beginning with your present or more rece	nt employer, describe your	employment experiences below:			
Are you presently employed?	Yes No				
Are you on layoff and subject to recall?	Yes No	If yes, to where?			
1. Present or last employer:					
Address:					
Kind of business:	Phone:				
Starting position:		Pay: \$			
Final position:	Pay: \$				
Dates employed: From:month/year	To:	Name and title of supervisor:			
Description of your work and responsi	bilities:				
Reason for leaving:					
Will you receive a satisfactory reference			please explain:		
May we contact your present employer	r at this time? Yes_	No			
If "No," please explain:					
2. Next previous employer:					
Address:					
Kind of business:		Phone:			
Starting position:		Pay: \$			
Final position:		Pay: \$			
Dates employed: From:month/year	To:	Name and title of supervisor:			
Description of your work and responsi					
Reason for leaving:					

Will you receive a satisfactory reference from this employer?			
Next previous employer:			
Address:			
Kind of business:			
Starting position:			
Final position:			
Dates employed: From: To: month/year			rvisor:
Description of your work and responsibilities:			
Reason for leaving:			
Will you receive a satisfactory reference from this employer?	Yes	No	If "No," please explain:
Next previous employer:			
Address:			
Kind of business:			
Starting position:		Pay: \$	
Final position:		Pay: \$	
Dates employed: From: To: month/year	Name ar	nd title of super	rvisor:
Description of your work and responsibilities:			
Reason for leaving:			
Will you receive a satisfactory reference from this employer?	Yes	No	If "No," please explain:
ease use additional sheets as necessary for additional employment	information	•	
ERSONAL INFORMATION			
you are hired, can you submit verification of your legal right to wo			
ave you ever been discharged or asked to resign by an employer?		lo If yes	s, please explain:
record of criminal conviction will not necessarily be a bar to empl fense, when it occurred, the nature and seriousness of the violation			
ave you ever been convicted of or plead guilty to a crime, other that ease explain:			
ease complete this section if the job for which you are applying man			FCU vehicles.
o you have a valid driver's license? Yes No License	number and	state:	
ave you had any accidents in the last five years? Yes	No	If yes	s, please give details:

Has your driver's license ever been suspended, re	evoked, denied or cancelled? Yes No)
If yes, please explain:		
Your Military Experience		
Completing this section of the application is option	onal. Leave this area blank if you do not wish	to answer.
Have you ever been in the United States Armed S	Services?	
Yes No What branch	?	
Describe any skills you acquired in the Service th	nat would be useful to the job for which you ar	e applying:
Your References		
List the names of any professional references who	o have known you for at least three years. Plea	ase do not list relatives or employers.
1. Name:	Occupation:	
Address:	City:	Phone:
Relationship to Applicant:		
2. Name:	Occupation:	
Address:	City:	Phone:
Relationship to Applicant:		
3. Name:		
Address:	City:	Phone:
Relationship to Applicant:		
PLEASE READ THE FOLLOWING PARAGRA	PHS CAREFULLY BEFORE SIGNING <u>And</u>	INITIALING AFTER EACH PARAGRAPH
By signing below and initialing after each pstatements:	paragraph, I certify that I have read, und	lerstand and agree to each of the following
All of the information I have supplied on thi	is application is true, accurate and comple	te, to the best of my knowledge, and I hav

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to FFCU, would affect my application unfavorably. If I am hired by FFCU, and if FFCU discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

(Initial Here)

This employment application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with FFCU after this period of time I must fill out another application. If hired, I understand that this application becomes part of my official employment record. In consideration of my employment with FFCU, I agree to abide by all FFCU's rules and regulations.

(Initial Here)

If I am extended an offer of employment, I agree to submit to a medical examination that may include testing for drugs or alcohol prior to beginning work with FFCU and I understand that any offer of employment is conditioned upon passing such medical

examination and/or testing. I understand that if I am employed by FFCU, I may be required, when job related and consistent with FFCU's business needs, to undergo a medical examination. I further understand that I may be required to submit to a test for the use alcohol and/or of illegal drugs at any time. [Initial Here]
I understand that nothing in this employment application creates a contract of employment between FFCU and me. If I am hired by FFCU, my employment and compensation are "at will," which means that my employment can be terminated, either by FFCU or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the President of FFCU has the authority to enter into an employment agreement with me for any specified period of time.
(Initial Here)
I agree to release to FFCU or its designated agents, all medical information, including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel, to the extent such information is job-related and consistent with the FFCU's business needs, and agree to execute the necessary HIPAA-compliant release. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment. (Initial Here)
In the event of my personal indebtedness to FFCU, I authorize FFCU to withhold from my wages such amounts as permitted by law to satisfy my obligation to FFCU. (Initial Here)
I give FFCU my permission to conduct any investigation regarding the information contained in my employment application that FFCU thinks is necessary to determine my qualifications for assuming a job with FFCU. I give FFCU my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education or employment record, and I give my consent to any such source to release to FFCU whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.
(Initial Here)
In exchange for FFCU considering my application, I agree that any claim or lawsuit I have now or in the future against FFCU its subsidiaries, successors, assigns, managers, employees and/or agents must be filed by me within one year from the date of the act or omission that is the subject of my claim or lawsuit, or within the applicable statute of limitations, whichever time period is shorter. Thus, I expressly waive any statute of limitations period for any such claim or lawsuit longer than one year, regardless of the nature of the claim or action. As further consideration for these promises by me, FFCU agrees to waive any statute of limitations period longer than one year from the date of the act or omission that is the subject of any claim or lawsuit it might file against me.

Signature

Date