



APPLICATION FOR EMPLOYMENT

Central Credit Union of Florida is an Equal Opportunity Employer which considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT & COMPLETE EACH SECTION IN ITS ENTIRETY

DATE: _____

PERSONAL INFORMATION

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip

PREVIOUS ADDRESS: _____
Street City State Zip

TELEPHONE NUMBER: (____) _____ SOCIAL SECURITY NUMBER: ____-____-____

Are you 18 years or older? _____

EMAIL: _____

IN CASE OF EMERGENCY NOTIFY: _____
Name Telephone Number

Street City State Zip

Do you have a relative working for CCUFL? _____ Yes _____ No If Yes, who? _____

Were you referred by a CCUFL employee? _____ Yes _____ No If Yes, who? _____

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: _____ DATE YOU CAN START: _____

LOCATION(S) APPLIED FOR: _____

DESIRED SALARY RANGE: _____ ARE YOU CURRENTLY EMPLOYED? ___ Y ___ N

Are you eligible to work in the United States? _____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment.

Type of Work Desired: _____ Full Time _____ Part Time _____ Temporary

Will you travel if the job requires it? _____ Yes _____ No

Are you able to work overtime if needed? _____ Yes _____ No

Are there any shifts, days or hours you will not work? _____ Yes _____ No

If Yes, Please Explain: _____

Have you previously been employed by CCUFL? _____ Yes _____ No

If Yes, When Employed: _____ Where: _____

Have you previously submitted an application to CCUFL? _____ Yes _____ No

If Yes, When Submitted: _____ Where: _____

EMPLOYMENT HISTORY

Start with your present or last job, including job-related military service assignments. You may exclude organizations that indicate race, color, religion, gender, national origin, disability, or other protected status. Explain gaps in employment in the comment section:
ALL CANDIDATES MUST COMPLETE THIS SECTION, DO NOT REFERENCE RESUME.

Employer:	Dates Employed		Describe Job Duties
Address:	From	To	
City State Zip			
Telephone Number(s): ()			
Starting/Present Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			
May We Contact?			
Employer:	Dates Employed		Describe Job Duties
Address:	From	To	
City State Zip			
Telephone Number(s): ()			
Starting/Present Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			
May We Contact?			
Employer:	Dates Employed		Describe Job Duties
Address:	From	To	
City State Zip			
Telephone Number(s): ()			
Starting/Present Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			
May We Contact?			
Comments: Include explanation of any gaps in employment			

EDUCATION BACKGROUND

SCHOOL	NAME & LOCATION	# YRS ATTENDED	DEGREE/DIPLOMA	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER (Please Specify)				

BUSINESS REFERENCES

Give below the name of three persons who have supervised or worked with you, whom you have known at least one year.

Name/Place of Employment	Address	Work Phone/Home Phone	Years Acquainted
1.			
2.			
3.			

ADDITIONAL INFORMATION

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD.

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

DESCRIBE ANY SPECIALIZED TRAINING, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES.

DESCRIBE ANY JOB RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.

HAVE YOU EVER PLED GUILTY, PLED NO CONTEST, NOLO CONTENDERE, HAD ADJUDICATION WITHHELD, OR BEEN PLACED IN A PRE-TRIAL INTERVENTION OR DIVERSION PROGRAM AS A RESULT OF BEING CHARGED WITH A CRIME? _____YES _____NO

(A yes answer does not automatically disqualify you from employment since the nature of the offense; date and the job for which you are applying are also considered.)

If yes, please explain: _____

Do you use tobacco products? Yes No

APPLICANT'S STATEMENT AND AUTHORIZATION

I certify that the information submitted by me on this application is true and complete to the best of my knowledge. I understand that any false information, omissions of facts, or misrepresentations in any application document will disqualify me from further consideration of employment. I further understand that any false information, omissions of facts, or misrepresentations in any application document will be cause for termination at any time without prior notice.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with CCUFL shall be of an "at-will" nature, which means that the employee may resign at any time and the employer may terminate employee at any time with or without cause. I further understand that no oral promise, employer policy, custom, business practice or other procedures (including the Employee handbook) constitute an employment agreement or modification of the at-will employment relationship between CCUFL and me.

I understand that Central Credit Union is involved in a contractual relationship with a Professional Employer Organization, Landrum Professional Employer Services, Inc. In consideration of my employment with Central Credit Union, I understand that I will be required to comply with the policies and protocols set forth in Landrum Professional's Employee Handbook.

I understand that no credit union representative, other than it's president, or Chairperson of the Board, and then only when in writing and signed by the aforementioned, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of applicant identity and legal authority to work in the United States.

Pursuant to the Federal Fair Credit Reporting Act (15 U.S.C.§1681), I notice that the credit union may obtain a consumer report (credit report) in conjunction with my employment application and/or decisions concerning my employment status with the credit union.

My signature at the bottom of this notice is authorization for the credit union to obtain and consult my consumer report from a consumer reporting agency in making employment determinations, including but not limited to employment, promotion, reassignment, and retention.

In consideration of my employment, I agree to conform to the Credit Union's rules, regulations, policies and procedures, and I agree that except for the at-will nature of the employment relationship the credit union may change the terms and conditions of my employment, with or without cause and with or without notice, at any time.

I understand that Central Credit Union of Florida is a Drug-Free workplace and that all applicants are required to perform pre-screening before beginning work. I understand that any employment offer will be pending the results of the pre-screening drug test. I also understand that a positive result will eliminate my eligibility for employment with Central Credit Union of Florida.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement and Authorization.

Signature of Applicant/Employee

Date

Name of Applicant/Employee