

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Dear Applicant:

We appreciate your interest in employment with Community Credit Union of Florida. Our goal is to make the best hiring decision possible and to effectively match people and positions. A clear understanding of your background and work history is necessary to make an informed decision regarding your qualifications. **Please take the time to answer every question completely and accurately.**

In addition to this application, the employment process may include but is not limited to the following processes:

- 1. Testing for aptitude, personality and/or skills
 - 2. Multiple interviews
- 3. Background checks and/or investigations
- 4. Drug screen

5. Credit checks

Please complete the Voluntary EEO Identification Form and turn in with this application.

Drug Screen

In addition, we ask all applicants to voluntarily submit to a drug test as part of the application process. Should you refuse to submit to the drug test or fail to qualify according to the minimum standards established by CCU, you will be disqualified from further consideration for employment.

Applicants should also understand that upon commencement of employment, they may be again required to submit to a drug test if involved in a Worker's Comp accident, upon return from a leave of absence or at their supervisor's discretion.

Applicant Statement

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, false or incomplete statements, or incorrect information given on this application shall be sufficient cause for termination. I authorize Community Credit Union of Florida to contact any and all of my previous employers, as well as any other credit or reference source. I hereby release from liability all persons and organizations furnishing references or other information concerning me.

I understand that the completion of this application is not to be construed as an expressed or implied contract of employment or a guarantee of employment. Furthermore, my term of employment, if hired, is "at-will" and shall be for no definite period.



APPLICANT AUTHORIZATIONS CONSUMER REPORTS

In connection with your application for employment, we may conduct inquiries for the following information: a credit report, a criminal background check, or other type of consumer report. In the event that the information received is used in part or in whole in making an adverse decision with regard to your potential employment, before making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. The Act gives you specific rights in dealing with consumer reporting agencies

Your signature below authorizes us to obtain consumer and/or investigative reports about you in order to consider you for employment and that you are willing to comply with Community Credit Union of Florida's drug testing policies. It also indicates that you have read and understand that employment with CCU is "at-will".

Applicant Signature

Date



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Please complete the application in full. If you require accommodations in order to complete this application, contact the Human Resources Department. Incomplete applications may be rejected.

Do not specify "See Resume."

PERSONAL INFORMATION

Please Print

Name		Date	
Current Address	City	State	Zip
Previous Address	City	State	Zip
Social Security #			
Telephone Numbers: Work	Home		
Cell			
Desition desired	Colomy	Da musima d	
Position desired (A position must be stated)	Salary I	Required	
☐ Full-time ☐ Part-time	If part-time what hours are you available?		
If offered a position, when could	you begin work?		
Are you legally eligible to be emp	ployed in the United States? Ye	s No N	
(Proof of identity and eligibility will be a	•	S NO	
(1700) of identity and engiotity will be i	equired upon employment/		
	uilty or "nolo contendere" or been entence or forfeited bail in connecturt? Yes \[\] No \[\]		
Note: A conviction does not autor	matically exclude you from emplo	yment.	
If you answered yes, please provio offense.	de the date, charge, location and co	ourt action taken f	for each

1. Name of Company	Dates of Employment (month/year)	
Address	Phone	
Job Title	Rate of Pay	
Job Responsibilities	Reason for Leaving	
Name and Title of Immediate Supervisor		
2. Name of Company	Dates of Employment (month/year)	
Address	Phone	
Job Title	Rate of Pay	
Job Responsibilities	Reason for Leaving	
Name and Title of Immediate Supervisor		
3. Name of Company	Dates of Employment (month/year)	
Address	Phone	
Job Title	Rate of Pay	
Job Responsibilities	Reason for Leaving	
Name and Title of Immediate Supervisor		
4. Name of Company	Dates of Employment (month/year)	
Address	Phone	
Job Title	Rate of Pay	
Job Responsibilities	Reason for Leaving	
Name and Title of Immediate Supervisor		
5. Name of Company	Dates of Employment (month/year)	

Address	Phone	
Job Title	Rate of Pay	
Job Responsibilities	Reason for Leaving	
Name and Title of Immediate Supervisor		
6. Name of Company	Dates of Employment (month/year)	
Address	Phone	
Job Title	Rate of Pay	
Job Responsibilities	Reason for Leaving	
Name and Title of Immediate Supervisor		
May we contact your present employer? If any employment was under a different name,	Yes No Indicate name:	
	cation	1
Do you have a High School Diploma or GED Name and Location of School:	Yes No	
College	Graduated	Degree/Majo
Ye	s No No	
Yes		
Other training:	s No	
Summarize special job-related skills and qualifice experience that is relevant to the position you are		ployment or other