



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.

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.



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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
Telephone Numbers: Cell	Home		

Position desired: (A position must be stated)	Salary Required:
<input type="checkbox"/> Full-time <input type="checkbox"/> 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 employed in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
(Proof of identity and eligibility will be required upon employment)

As an adult, have you ever pled guilty or “nolo contendere” or been convicted, placed on probation, received a suspended sentence or forfeited bail in connection with any offense (except minor traffic violations) in any court? Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: A conviction does not automatically exclude you from employment.
If you answered yes, please provide the date, charge, location and court action taken for each offense.

Employment Record

1. Name of Company	Dates of Employment (Month/Year)
Address (Street, City, State and Zip)	Name While Employed
Job Title	Rate of Pay
Job Responsibilities	Reason for Leaving
Employment Verification Contact	Phone (Area Code & Number)
2. Name of Company	Dates of Employment (Month/Year)
Address (Street, City, State and Zip)	Name While Employed
Job Title	Rate of Pay
Job Responsibilities	Reason for Leaving
Employment Verification Contact	Phone (Area Code & Number)
3. Name of Company	Dates of Employment (Month/Year)
Address (Street, City, State and Zip)	Name While Employed
Job Title	Rate of Pay
Job Responsibilities	Reason for Leaving
Employment Verification Contact	Phone (Area Code & Number)
4. Name of Company	Dates of Employment (Month/Year)
Address (Street, City, State and Zip)	Name While Employed
Job Title	Rate of Pay
Job Responsibilities	Reason for Leaving
Employment Verification Contact	Phone (Area Code & Number)

5. Name of Company	Dates of Employment (Month/Year)
Address (Street, City, State and Zip)	Name While Employed
Job Title	Rate of Pay
Job Responsibilities	Reason for Leaving
Employment Verification Contact	Phone (Area Code & Number)
6. Name of Company	Dates of Employment (Month/Year)
Address (Street, City, State and Zip)	Name While Employed
Job Title	Rate of Pay
Job Responsibilities	Reason for Leaving
Employment Verification Contact	Phone (Area Code & Number)

May we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Education

Do you have a High School Diploma or GED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and Location of School: _____		
College	Graduated	Degree/Major
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other training:		
Summarize special job-related skills and qualifications acquired from employment or other experience that is relevant to the position you are applying:		