



APPLICATION FOR EMPLOYMENT

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the U.S. and to complete the required employment eligibility verification form upon hire. We appreciate your interest in Eglin Federal Credit Union. A clear picture of your work experience and personal background will aid us in evaluating your application for any position for which you may be qualified. Read the questions carefully and write plainly.

Name: _____ Date: _____
Last First Middle

SSN: _____ Email: _____ Phone #: _____

Present Address: _____ How long? _____
Street # City State Zip Code

Previous Address: _____ How long? _____
Street # City State Zip Code

Are you 18 years of age or older? yes no

Have you worked under any other names? no yes _____
Name Date(s)

Have you ever been bonded? yes no Ever refuse bond? yes no

What position are you applying for? _____ Reference #: _____

Do you wish to work: Full Time Part Time

Which location do you prefer?

Bluewater Bay

Destin

Eglin

Ft. Walton Beach

Hurlburt

Mary Esther

Navarre

North Crestview

South Crestview

When will you be available for work? _____

Are you working now? yes no If so, may we contact your employer? yes no

Previous employers? yes no Salary desired: _____

Have you ever been convicted of a felony? yes no (You will not be automatically disqualified if you have a criminal record)
If yes, give details: _____

Are you a veteran of the Armed Forces? yes no Branch: _____

Rank at discharge: _____ Major duties: _____

Service Schools and other special training: _____

Personal References (Name 3 persons, not relatives, former employers or personnel of EFCU, who have known you for at least 2 years):

Name Address Business & Location Telephone

Name Address Business & Location Telephone

Name Address Business & Location Telephone

Eglin Federal Credit Union is an Equal Opportunity Employer. Applicants are considered for positions, and employees are treated during employment without regard to race, color, religion, sex, marital status, age, national origin, disability or status as a Vietnam-era or special disabled veteran, in accordance with federal, state and local law. Your opportunity for employment with Eglin Federal Credit Union depends solely upon your qualifications.

Deliver to: EFCU Human Resources Department • 838 Eglin Parkway NE, Fort Walton Beach, FL 32547 • 850.862.0111 x 1901 • eglinfcu.org

EMPLOYMENT HISTORY

STARTING WITH YOUR PRESENT OR LAST EMPLOYER, WORK BACKWARDS THROUGH YOUR JOBS OVER THE LAST 10 YEARS.

JOB #1 (CURRENT OR MOST RECENT)

EMPLOYED FROM: ___/___/____ TO: ___/___/____
COMPANY NAME: _____
COMPANY ADDRESS: _____
JOB TITLE: _____
JOB DESCRIPTION: _____
SUPERVISOR NAME: _____
SALARY AT LEAVING: \$ _____ per hour day week month year
REASON FOR LEAVING: _____

JOB #2

EMPLOYED FROM: ___/___/____ TO: ___/___/____
COMPANY NAME: _____
COMPANY ADDRESS: _____
JOB TITLE: _____
JOB DESCRIPTION: _____
SUPERVISOR NAME: _____
SALARY AT LEAVING: \$ _____ per hour day week month year
REASON FOR LEAVING: _____

JOB #3

EMPLOYED FROM: ___/___/____ TO: ___/___/____
COMPANY NAME: _____
COMPANY ADDRESS: _____
JOB TITLE: _____
JOB DESCRIPTION: _____
SUPERVISOR NAME: _____
SALARY AT LEAVING: \$ _____ per hour day week month year
REASON FOR LEAVING: _____

JOB #4

EMPLOYED FROM: ___/___/____ TO: ___/___/____
COMPANY NAME: _____
COMPANY ADDRESS: _____
JOB TITLE: _____
JOB DESCRIPTION: _____
SUPERVISOR NAME: _____
SALARY AT LEAVING: \$ _____ per hour day week month year
REASON FOR LEAVING: _____

JOB #5

EMPLOYED FROM: ___/___/____ TO: ___/___/____
COMPANY NAME: _____
COMPANY ADDRESS: _____
JOB TITLE: _____
JOB DESCRIPTION: _____
SUPERVISOR NAME: _____
SALARY AT LEAVING: \$ _____ per hour day week month year
REASON FOR LEAVING: _____

The answers to the foregoing questions are true and correct to the best of my knowledge. I understand that as part of normal employment procedure, a routine inquiry may be made concerning information on my character, general reputation, credit, personal characteristics and mode of living. I authorize such investigation and understand that, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided.

Applicant's Signature: _____ Date: ___/___/____

EDUCATIONAL HISTORY/OTHER

HIGH SCHOOL EDUCATION

Name of high school: _____

Address of high school: _____

Last year completed: Freshman Sophomore Junior Senior

Did you graduate? yes no Degree Received: _____

COLLEGE EDUCATION

Name of college/university: _____

Address of college/university: _____

Last year completed: Freshman Sophomore Junior Senior

Did you graduate? yes no Degree Received: _____

Major Field of Study: _____

OTHER EDUCATION - SPECIAL SCHOOLS OR CLASSES

Name of school: _____

Address of school: _____

Did you finish? yes no Degree or Certification Received: _____

Major Field of Study: _____

OTHER EDUCATION - SPECIAL SCHOOLS OR CLASSES

Name of school: _____

Address of school: _____

Did you finish? yes no Degree or Certification Received: _____

Major Field of Study: _____

OTHER EDUCATION - SPECIAL SCHOOLS OR CLASSES

Name of school: _____

Address of school: _____

Did you finish? yes no Degree or Certification Received: _____

Major Field of Study: _____

OTHER SKILLS/EXPERIENCE

(please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> PC/Computer | <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Copier |
| <input type="checkbox"/> Calculator/Adding machine | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Multi-line Phone System | | |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

The answers to the foregoing questions are true and correct to the best of my knowledge. I understand that as part of normal employment procedure, a routine inquiry may be made concerning information on my character, general reputation, credit, personal characteristics and mode of living. I authorize such investigation and understand that, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided.

Applicant's Signature: _____ Date: ____ / ____ / ____

CREDIT REPORT CONSENT

I understand that, as part of normal employment procedure, a routine inquiry may be made concerning information on my credit. I also understand that although signing this statement is voluntary, I will not be considered for employment unless I have given my consent for Eglin Federal Credit Union to inquire on my credit. I authorize such an investigation and understand that I will be notified in writing of any information which adversely affects my eligibility for employment.

Applicant's Signature: _____ Date: ____ / ____ / _____

VOLUNTARY SURVEY

Eglin Federal Credit Union is an Equal Opportunity Employer. Applicants are considered for positions, and employees are treated during employment without regard to race, color, religion, sex, marital status, age, national origin, disability or status as a Vietnam-era or special disabled veteran, in accordance with federal, state and local law.

To help us keep adequate records, in compliance with state and federal record keeping, please fill out this survey. This information is needed to satisfy government reporting requirements and is not a requirement for employment. This data will be kept in a confidential file and separated from your Employment Application, or Personnel File. This information will be given to only those appropriate agencies in ways that are consistent with the law. If you do not wish to provide this information, it will not jeopardize or adversely affect your employment or consideration for employment. Thank you for your cooperation.

Check one:

Male Female

Check one of the following Race/Ethnic categories

Hispanic or Latino

Not Hispanic or Latino:

- White
- Black or African American
- Native Hawaiian or Other Pacific Islanders
- Asian
- American Indian or Alaskan Native
- Two or more races

Print Name _____

Date ____ / ____ / ____

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305

OMB Control Number: 1250-0005

Expires 01/31/2020

WHY ARE YOU BEING ASKED TO COMPLETE THIS FORM?

Because we do business with the Government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities¹. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

HOW DO I KNOW IF I HAVE A DISABILITY?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing Limbs or Partially Missing Limbs
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual Disability (previously known as mental retardation)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I do not wish to answer

REASONABLE ACCOMMODATION NOTICE

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Name: _____

Date: _____

INVITATION TO APPLICANTS: VOLUNTARY REQUEST TO SELF-IDENTIFY AS PROTECTED VETERAN

This Company is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA), which requires government contractors to take affirmative action to recruit, employ, and advance in employment certain categories of veterans. These categories of protected veterans include Disabled Veterans, Active Duty Wartime or Campaign Badge Veterans, Armed Forces Service Medal Veterans, and Recently Separated Veterans, which are defined below. As a government contractor subject to VEVRAA, we are required to solicit this information from our applicants, and your response will assist us in measuring the effectiveness of our outreach and positive recruitment efforts. We also maintain an affirmative action plan for protected veterans, designed to ensure that we recruit, hire, train, and promote all persons in all job titles, and ensure that all other personnel actions are administered, without regard to protected veteran status.

Submission of this information is voluntary. Refusal to provide a response will not subject you to any adverse treatment. Responses will be kept confidential and will not be used in any manner that is inconsistent with VEVRAA.

The term **"Disabled Veteran"** is defined as a (1) veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.

The term **"Active Duty Wartime or Campaign Badge Veteran"** means any veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

The term **"Armed Forces Service Medal Veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded.

The term **"Recently Separated Veteran"** is defined as any veteran discharged or released from active duty in the past three years.

If you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below and providing the organization through which you learned of the job opening(s) for which you have applied.

I identify as one or more of the categories of protected veterans listed above.

I am not a protected veteran, or I choose not to disclose my protected veteran status.

Recruitment/Referral Source _____

Print Name: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYMENT IS THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected: The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, & ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws. Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job. If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

EEOC 9/02 and OFCCP 8/08 Versions Useable With 11/09 Supplement EEOC-P/E-1 (Revised 11/09)

Deliver to: EFCU Human Resources Department • 838 Eglin Parkway NE, Fort Walton Beach, FL 32547 • 850.862.0111 x 1901 • eglinfcu.org