

APPLICATION FOR EMPLOYMENT

LCFCU is an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment. To this end, prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, physical or mental disability, pregnancy, marital status, sexual preference, or veteran status.

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes If yes: Month and Year _____ Location _____ <input type="checkbox"/> No			Social Security No.
Position for which applying:			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Other special training or skills (languages, machine operation, etc.)			
How did you learn of our organization?			

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT		Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
1	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: center;">PLEASE DO NOT CONTACT</p> <p>Employer Number(s) _____</p> <p>Reason _____</p>
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M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
	Describe your duties and any special training	Period of Active Duty (Mos & Yr) From _____ To _____
		Rank at Discharge
		Date of Final Discharge

This information is needed for a legally permissible reason, including, without limitation, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin, pregnancy, physical or mental disability. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States and Localities prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, physical or mental disability, pregnancy, or sexual preference.

1. How long have you lived at present address? _____

2. Previous address _____ How long? _____
No. _____ Street _____ City _____ State _____

3. Have you ever been bonded? _____ If yes, on what jobs? _____
Have you ever been refused a bond? Yes _____ No _____

4. Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? - If yes, describe in full _____

5. Are you over 18 years of age? Yes _____ No _____

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand the falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment. If offered employment I agree to conform to the rules and regulations of LCFCU. I understand that my employment will be on an at will basis, and as such it can be terminated, with or without notice, at any time, at my option or LCFCU's option. I further understand that no Human Resource Department interviewer or other representative of LCFCU, other than the President, has an authority to enter into any agreement to the contrary.

I authorize LCFCU to engage an investigative reporting agency to report on my credit and personal history, including my character, general reputation, personal characteristics and mode of living, as well as previous employer(s). If a report is obtained LCFCU will provide, at my request, the name and address of the investigative reporting agency so I may obtain from them the nature, scope and substance of the information contained in the report.

I understand that the information on this application is subject to verification and specifically authorize my previous employer(s) to release any information, in any form, to either a LCFCU Human Resource Department representative or the LCFCU retained investigative reporting agency representative. All previous employer(s) will be held harmless for providing information which is matter of record and in accordance with the District of Columbia and federal employment law(s) and regulations(s).

I understand that if at any time I have a question about LCFCU's rules and regulations, I should consult with my supervisor or the CEO.

Applicant Signature/Authorization _____ Date _____

APPLICATION FOR EMPLOYMENT - SUPPLEMENTAL QUESTIONNAIRE

 Name

 Date

 SSN#

 Position applied for

Please respond to the following questions, providing detailed answers:

1. Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your previous employer(s) when absent or any other attendance related reasons?
 Yes No (if YES, please explain)

2. Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses?
 Yes No (if YES, please explain)

3. Have you ever been disciplined or discharged for fighting, assault or related offenses?
 Yes No (if YES, please explain)

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4. Have you ever been disciplined or discharged for being under the influence of alcohol or drugs or for possession, use or abuse of alcohol or drugs?

Yes No (if YES, please explain)

5. Have you ever been disciplined or discharged for insubordination?

Yes No (if YES, please explain)

6. Have you ever been disciplined or discharged for violating a safety rule(s)?

Yes No (if YES, please explain)

7. Have you missed more than five scheduled work days in any one of the last five years?

Yes No (if YES, please explain)

Thank you for your cooperation. All the above information is subject to review/verification by previous employer(s). Any falsification of the above information is grounds for immediate termination by Library of Congress Federal Credit Union. I fully understand the above questions and authorize Library of Congress Federal Credit Union to verify any/all the above information.

Applicant Signature

Date

CEO or Authorized Representative

Date