



# MEMBERS FIRST CREDIT UNION OF FLORIDA

251 West Garden Street • P.O. Box 12983 • Pensacola, FL 32591-2983 • (850) 434-2211

## EMPLOYMENT APPLICATION

(Please answer *all* questions and *print* in ink.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER: \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OLD? \_\_\_\_\_  
YES/NO

If your past employment or education records are under another name, please state that name:

\_\_\_\_\_  
LAST, FIRST, MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

LENGTH OF TIME AT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

LENGTH OF TIME AT ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ TYPE OF EMPLOYMENT DESIRED:

SALARY EXPECTED: \_\_\_\_\_ AVAILABLE START DATE: \_\_\_\_\_  
 FULL TIME  
 PART TIME  
 SEASONAL

PLEASE LIST EITHER: PER WEEK, MONTH, OR YEAR.

LIST HOURS & DAYS YOU ARE AVAILABLE TO WORK DURING THE WEEK:

	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.
FROM:							
TO:							

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? \_\_\_\_\_  
YES/NO

HOW DID YOU LEARN ABOUT MEMBERS FIRST CREDIT UNION?

WHERE YOU PREVIOUSLY EMPLOYED BY MEMBERS FIRST CREDIT UNION OF FLORIDA? \_\_\_\_\_  
YES/NO DATE: START - END

IF YES, WHAT WAS YOUR REASON FOR LEAVING? \_\_\_\_\_

DO YOU HAVE RELATIVES IN OUR EMPLOY? \_\_\_\_\_  
YES/NO

\_\_\_\_\_  
THEIR NAME, RELATIONSHIP TO YOU

- EMPLOYMENT AGENCY \*
- NEWSPAPER AD
- FRIEND \*
- WALK-IN
- OTHER \*

\* \_\_\_\_\_  
LIST NAME OF AGENCY, FRIEND, OR OTHER

# EMPLOYMENT HISTORY

(Please list your complete employment history, starting with your current or most recent employer. Include any periods of military service, summer or seasonal employment, self employment, and unemployment. If you need more space, attach information on another sheet of paper or via the other box on the last page of this application.)

**CURRENT EMPLOYER:** \_\_\_\_\_ **MAY WE CONTACT THIS COMPANY?** \_\_\_\_\_  
YES/NO

**SUPERVISOR'S NAME & TITLE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

**BUSINESS PHONE NUMER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**TITLE/POSITION:** \_\_\_\_\_

**JOB REQUIREMENTS/DUTIES:**

**RATE OF PAY:** \_\_\_\_\_ - \_\_\_\_\_  
START - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR. FINAL - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR.

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **MAY WE CONTACT THIS COMPANY?** \_\_\_\_\_  
YES/NO

**SUPERVISOR'S NAME & TITLE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

**BUSINESS PHONE NUMER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**TITLE/POSITION:** \_\_\_\_\_

**JOB REQUIREMENTS/DUTIES:**

**RATE OF PAY:** \_\_\_\_\_ - \_\_\_\_\_  
START - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR. FINAL - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR.

# EMPLOYMENT HISTORY - CONTINUED

(Please list your complete employment history, starting with your current or most recent employer. Include any periods of military service, summer or seasonal employment, self employment, and unemployment. If you need more space, attach information on another sheet of paper or via the other box on the last page of this application.)

PREVIOUS EMPLOYER: \_\_\_\_\_

MAY WE CONTACT THIS COMPANY? \_\_\_\_\_  
YES/NO

SUPERVISOR'S NAME & TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

BUSINESS PHONE NUMBER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

JOB REQUIREMENTS/DUTIES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATE OF PAY: \_\_\_\_\_ - \_\_\_\_\_  
START - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR. FINAL - PLEASE LIST EITHER PER WEEK, MONTH, OR YEAR.

## EDUCATION & TRAINING

(If more space is needed to list additional schools, please do so on another sheet and insert. You may also use the other box on the last page of this application.)

HIGH SCHOOL: \_\_\_\_\_  
NAME

STREET, CITY, STATE, ZIP CODE

DIPLOMA OR DEGREE?  YES  NO

GRADE AVERAGE: \_\_\_\_\_

MAJOR/FIELD STUDIED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_  
NAME

STREET, CITY, STATE, ZIP CODE

DIPLOMA OR DEGREE?  YES  NO

GRADE AVERAGE: \_\_\_\_\_

MAJOR/FIELD STUDIED: \_\_\_\_\_

OTHER: \_\_\_\_\_  
NAME

STREET, CITY, STATE, ZIP CODE

DIPLOMA OR DEGREE?  YES  NO

GRADE AVERAGE: \_\_\_\_\_

MAJOR/FIELD STUDIED: \_\_\_\_\_

(OTHER: COLLEGES, TECHNICAL, BUSINESS, GRADUATE, OR SPECIAL MILITARY TRAINING.)

## SPECIAL SKILLS, EXPERIENCE, & ACTIVITIES

(Please list any experience, skills, awards, or activities which you would consider to be applicable to the position you are applying for.)

## GENERAL INFORMATION

(Please answer all questions to the best of your knowledge.)

HOW MUCH TIME HAVE YOU MISSED FROM SCHOOL OR WORK IN THE LAST TWO YEARS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF COMMITTING A CRIME OR ARE YOU PRESENTLY UNDER CHARGE FOR VIOLATING ANY LAWS OTHER THAN MINOR TRAFFIC VIOLATIONS? *(PRIOR CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM CONSIDERATION FOR EMPLOYMENT.)*  YES  NO

IF YES, PLEASE EXPLAIN AND INCLUDE DATE(S) OF CONVICTION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

(Please give name, phone number, address [include street, city, state, and zip code], and number of years known of two persons that are not relatives or former employers to whom we can refer.)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

## OTHER

(Give us any information you would like to about yourself that you think would be applicable to the position you are applying for or use this section to fill in any more job or school related activity that you were not able to fit in the prior categories.)

I certify that to the best of my knowledge the information given by me in this application is complete and correct. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in dismissal. I understand that if employed, I can resign at any time and for any reason and that Members First Credit Union of Florida may release me at any time for any reason. I further understand that the duration, hours, nature, compensation, and benefits of my employment may be change and modified from time to time without limitation or condition. I also understand that if hired, I am required by law to produce original documents that verify my U.S. employment eligibility and identification.

**SIGNATURE:** \_\_\_\_\_

**NOTE:** THIS COMPANY IS A DRUG-FREE WORKPLACE AND REQUIRES TESTING FOR DRUGS AS A CONDITION OF EMPLOYMENT.  
THIS APPLICATION IS ACTIVE FOR 12 MONTHS, UNLESS RENEWED BY APPLICANT.

~ We Are An Equal Opportunity Employer ~