



## EMPLOYMENT APPLICATION

### (PLEASE PRINT AND ANSWER ALL THE QUESTIONS)

Florida West Coast Credit Union subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by law. Florida West Coast Credit Union also abides by the requirements of the American with Disabilities Act. It is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. Any information collected on this application will fully comply with federal and state laws regarding Equal Opportunity employment and be used for purposes consistent with those laws.

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

#### PERSONAL INFORMATION:

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State/Zip Code

TELEPHONE NUMBER: \_\_\_\_\_  
Home Cell

If you are under 18 years of age, please specify your age here \_\_\_\_\_. This information will be used for child labor law purposes only.

When will you be able to begin work? \_\_\_\_\_

Are you seeking full time or part time employment? \_\_\_\_\_

Have you taken any illegal drugs in the last 30 days? \_\_\_\_\_

Are you willing to work Saturdays/Weekends? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

How did you learn of Florida West Coast Credit Union? \_\_\_\_\_

Were you referred by someone, if so who? \_\_\_\_\_

Have you ever been discharged or forced to resign?  Yes  No If yes, please explain:

Have you received any discipline in the last 12 months of active employment?  Yes  No If Yes, please explain: \_\_\_\_\_

**RESIDENCES**

Below please provide your addresses of residence for the past five years beginning with the most recent address:

STREET ADDRESS	CITY, STATE, ZIP	FROM:	TO:

**EDUCATION**

Below please describe any educational degrees, skills, training or experience that you feel is relevant to the job:

Name, City and State Of Educational Institution	GRADUATED?		TYPE OF DEGREE RECEIVED	GRADE POINT/OVERALL GPA
	YES	NO		

**MILITARY SERVICE** (Complete only if you have served in the military)

Branch of Service: \_\_\_\_\_ Number of Years/Months of Service \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe any skills learned in the military that may be relevant to the job applied for:

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## EMPLOYMENT HISTORY

Below complete all full time or part time employment beginning with your most recent employer.

Company Name:		Telephone #:	
Address:		Dates Employed: From/To	
Name of Supervisor:	May we contact:	Rate of Pay:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Job Titles:		Reason for Leaving:	
Describe job duties:			

Company Name:		Telephone #:	
Address:		Dates Employed: From/To	
Name of Supervisor:	May we contact:	Rate of Pay:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Job Titles:		Reason for Leaving:	
Describe job duties:			

Company Name:		Telephone #:	
Address:		Dates Employed: From/To	
Name of Supervisor:	May we contact:	Rate of Pay:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Job Titles:		Reason for Leaving:	
Describe job duties:			

**REFERENCES:**

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Relationship</b>

Please list below any type of computer, electronic, mechanical equipment, or software skills that you possess that would be relevant to the job applied for:

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**By signing below I understand and agree to all the information provided above:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_