



EMPLOYMENT APPLICATION

P.O. Box 72
 Chesterfield, VA 23832-0001
 (804) 748-9488
 www.dupontcu.org
 Attn: Human Resources

Equal Opportunity Employer

Applicants are considered for positions without regard for race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, the presence of a physical or mental disability or any other characteristic protected by federal, state or local laws, regulations, or ordinances.

PERSONAL DATA	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			HOME PHONE ()
	CITY, STATE, ZIP			BUSINESS PHONE ()
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			SOCIAL SECURITY #
	Who were you referred by:			
	Have you filed an application or been employed here before?			
	Do you know anyone who works for the Credit Union? If so, who?			
	Do you know anyone who works for DuPont (Richmond)? If so, who? Related?			
	Are you bound by a non-compete agreement from a previous employer?			
	Are any of your records in another name? If so, what name?			
	Have you ever been discharged or asked to resign due to misconduct? If so, give details.			
	Have you ever been convicted of a felony or misdemeanor? If so, give details. Do not respond regarding arrests or convictions that have been expunged. I understand that I will not be automatically disqualified if I have a criminal record.			
	List any special training or skills.			
	Position or type work desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Salary Expected
When will you be available to begin work?			Have you ever had a bond coverage modified, revoked, or declined? <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	SALARY START LEAVE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
	NAME OF SUPERVISOR	SALARY START LEAVE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
	NAME OF SUPERVISOR	SALARY START LEAVE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

4	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
	NAME OF SUPERVISOR	SALARY START LEAVE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

5	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
	NAME OF SUPERVISOR	SALARY START LEAVE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

EDUCATION

LEVEL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELEMENTARY SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

Do not include former employers or relatives.

1	NAME AND OCCUPATION	ADDRESS	TELEPHONE ()
----------	---------------------	---------	------------------

2	NAME AND OCCUPATION	ADDRESS	TELEPHONE ()
----------	---------------------	---------	------------------

3	NAME AND OCCUPATION	ADDRESS	TELEPHONE ()
----------	---------------------	---------	------------------

APPLICANT ACKNOWLEDGEMENT

I certify that the facts set forth in my application are true and complete. I understand that if employed, omissions or false statements on this application may result in discharge.

If employed, I understand and agree that my employment can be terminated at will and without cause at any time by myself or the Credit Union. I understand that no one has authority to enter into any contrary agreements concerning my employment unless such agreement is in writing and signed by the President, DuPont Fibers Federal Credit Union.

I understand that the Credit Union, at its own expense, arranges for a surety bond for each of its employees. Unless my background is acceptable to the surety company, it will be difficult to secure this bond and the Credit Union may be unable to offer me, or continue, my employment.

I authorize the Credit Union to contact my former employers and persons I have listed as references and I authorize those persons to provide information about me to the Credit Union.

I understand that this application will be considered active for no more that 90 days and that after that time, it may be necessary to reapply in order to be considered for employment.

I authorize the Credit Union to make a through investigation of my past employment and activities and I agree to cooperate in such investigation. I understand that the Credit Union may request conviction records. I also understand that the Credit Union may request consumer investigative reports from investigative or credit agencies, based on interviews with my family, neighbors or associates. This report may involve information concerning my character, general reputation, personal characteristics, and mode of living. I understand that if the consumer investigative report is requested, I have the right, under the Fair Credit Reporting Act, to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation.

Signature of Applicant _____ Date _____

FOR HUMAN RESOURCES USE ONLY

NOTES: