



Finger Lakes Health Care
FEDERAL CREDIT UNION

email to: general@flhc.com

Applicant Information

Name: _____

Home Phone _____ Cell Phone _____

Email Address _____

Address _____

Employment Positions

Position(s) applying for _____

Are you applying for:

- Temporary work – such as summer or holiday work? Y or N
- Regular part-time work? Y or N
- Regular full-time work? Y or N

What days and hours are you available for work? _____

If hired, on what date can you start working? _____

Can you work on the weekends? Y or N

Salary desired (**Please be specific, do not leave blank**): \$ _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed

(Note: Finger Lakes Health Care FCU complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School Name and Location	How many years completed	Did you graduate	Degree /Diploma	Major field of study

Employment History

Name and Address of Employer	Month/Years of Employment	Position	Description	Most recent wage earned

If you have any other experience, training, qualifications or skills that you feel may be relevant to the position in which you are applying for, please list/describe them here.

Disclosure and Authorization for Background Investigation

I understand that in connection with my application for employment, Finger Lakes Health Care FCU will research and verify information that I have provided. I hereby authorize Finger Lakes Health Care FCU to obtain consumer reports for employment purposes. I understand this consumer report may include inquiries regarding my work history; court records, including criminal convictions record, as permitted by law; verifications of Social Security number; credit reports; and references obtained from professional and personal associates.

I understand results of my background check may be used in determining whether to make me an offer for employment and other employment decisions. Before taking any adverse employment action based on the credit report, including denying employment, Finger Lakes Health Care FCU will provide to you, without charge, a copy of the report plus a written summary of consumer rights under the Consumer Credit Reform Act.

Signature _____ Date _____