



Employer Information

Finger Lakes Health Care Federal Credit Union
519 Hart St
Elmira, NY 14905

email: general@flhc.com

It is the policy of FLHC FCU to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Full Name: _____

Address: _____

Email Address: _____

Cell Phone #: _____ Home Phone #: _____

Employment Position

Are you applying for: _____ PART TIME _____ FULL TIME

What days/times are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time						
End Time						

If hired, when can you start working? _____

What is the salary that you desire (hourly or annually)? _____

If hired, are you:

1. Willing to submit and pass a controlled substance test? _____ Yes _____ No
2. Able to perform the essential functions of the job for which you applying for, either with or without reasonable accommodations? _____ Yes _____ No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ____ Yes ____ No

If yes, please provide details (such as date, where convicted, nature of crime):

(The existence of a criminal records does not constitute an automatic bar to employment unless relevant to the type of employment)

Employment History

List the most recent (or present) employer first

Name of Employer	Start Date	End Date	Position	Most Recent Wage	Reason for Leaving

Training

Skill	Years of Experience	Ability (1POOR – 5EXCELLENT)
Microsoft Office (Word, Excel, etc.)		
Customer Service		
Cash Handling		
Other:		

Education:

School Name	Location	Years Attended	Did you graduate	Major

Certification:

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize FLHC FCU to contact former employers, references, etc. I authorize FLHC FCU to preform all necessary tasks for a background check, which may include consumer reports, credit reports and criminal background reports.

Applicant Signature: _____ Date: _____