Application for Employment

Finger Lakes Health Care Federal Credit Union

Finger Lakes Health Care FCU is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, sexual orientation, gender identity, pregnancy (current, past, or potential), national origin, union membership, age, protected veteran or military status, disability, genetic status, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodation to the application and/or interview process should contact the Credit Union.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Employee Information

Full Name: _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____

Previous Address: _____

Position(s) applied for: _____

Are you employed now? ☐ Yes ☐ No Date available for work: _____

Wage expected: $_____ per ☐ Hour ☐ Month ☐ Year

Are you available to work? ☐ Full time ☐ Part time ☐ Temporary

Are you over the age of 18? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor that has not been annulled, expunged, or sealed by a Court? ☐ Yes ☐ No If yes, please explain and state the county and state of your conviction.

_____

_____

_____

EDUCATION

	High School	College/University	Graduate/Professional
School Name:			
Diploma/Degree:			
Graduation Date:			
Describe Course of Study:			

EMPLOYMENT EXPERIENCE

List all your work experience, including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: ____________________ Telephone: ____________

Address: ____

Job Title: ____________________ Supervisor:

Dates Employed: From To

Starting Salary: __________ Ending Salary: ____________________

Reason for Leaving: ____

Work Performed: ____

May we contact this employer? ☐ Yes ☐ No If no, why not? ____________________

Employer: ____________________ Telephone: ____________

Address: ____

Job Title: ____________________ Supervisor:

Dates Employed: From To

Starting Salary: __________ Ending Salary: ____________________

Reason for Leaving: ____

Work Performed: ____

May we contact this employer? ☐ Yes ☐ No If no, why not? ____________________

Employer: ____________________ Telephone: ____________

Address: ____

Job Title: ____________________ Supervisor:

Dates Employed: From To

Starting Salary: __________ Ending Salary: ____________________

Reason for Leaving: ____

Work Performed: ____

May we contact this employer? ☐ Yes ☐ No If no, why not? ____________________

SKILLS/TRAINING

Please summarize your job-related skills or specialized training:

List job related professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you.

Name	Company	Job Title	Work Phone	Other Phone

ACKNOWLEDGEMENTS AND CONSENT

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize Finger Lakes Health Care FCU to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, criminal convictions, and other job-related information. I give my full consent to all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals or companies for any damages arising from furnishing the requested information to the Company. I also release Finger Lakes Health Care FCU and its employees performing these checks from all liability that might result from checking such references and obtaining such information. **Note**: Background checks, including driving record, credit, and criminal convictions, will only be performed when job related and consistent with business necessity. Criminal convictions do not automatically disqualify applicants from consideration.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from Finger Lakes Health Care FCU and still wish to be considered for employment, it will be necessary to fill out a new application.

Claims. I understand and agree that if I file a claim or suit arising out of my employment, or termination of my employment with Finger Lakes Health Care FCU, I must file the claim or suit within the time period provided by statute or within 180 days of the event giving rise to the claim, whichever is shorter/earlier or I will be barred from brining the same, and I agree to waive any limitations period that is greater than 180 days.

Arbitration. I acknowledge and understand that in exchange for continued employment with Finger Lakes Health Care FCU **any and all claims or suits** arising out of my employment, or termination of employment, with Finger Lakes Health Care FCU, **including any and all claims of discrimination in violation of state and/or federal civil rights statutes**, shall be submitted to and settled by arbitration in the State of New York, by an arbitrator mutually agreed to by me and Finger Lakes Health Care FCU. The arbitration will be procedurally conducted pursuant to the Employment Rules then in effect of the American Arbitration Association.

AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT AT FINGER LAKES HEALTH CARE FCU IS "AT-WILL" AND MAY BE TERMINATED BY ME OR BY FINGER LAKES HEALTH CARE FCU AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR PRIOR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE BY FINGER LAKES HEALTH CARE FCU AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO CREDIT UNION REPRESENTATIVE HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

EMPLOYMENT-AT-WILL DOES NOT IMPACT MY RIGHT TO NEGOTIATE SINGLY OR IN A GROUP AND PARTICIPATE IN CONCERTED ACTIVITIES REGARDING THE TERMS AND CONDITIONS OF EMPLOYMENT UNDER THE NATIONAL LABOR RELATIONS ACT.

Signature: _____ Date: _____

Authorization to Past Employer, School, or Other Institution to Release Information

I have applied for employment with Finger Lakes Health Care FCU. As part of the application process Finger Lakes Health Care FCU conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to Finger Lakes Health Care FCU and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to Finger Lakes Health Care FCU and/or its agents. A photocopy of this authorization is as effective as the original.

Name: _____ Soc. Sec. #: _____

If name has changed (through marriage, etc.) please print former name: _____

Signature: _____ Date: _____

Authorization for Background Check

I have applied for employment with Finger Lakes Health Care FCU. As part of the application process Finger Lakes Health Care FCU conducts a background check, including Credit History and other consumer and/or investigative reports.

I acknowledge that the information listed below will be used in conjunction with my application for employment with Finger Lakes Health Care FCU.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to Finger Lakes Health Care FCU and/or its agents. A photocopy of this authorization is as effective as the original.

Name: _____ Soc. Sec. #: _____

If name has changed (through marriage, etc.) please print former name: _____

Signature: _____ Date: _____