

Olean Area Federal Credit Union Employment Application

We consider applications for all positions without regard to race, color religion, creed, gender national origin, age disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

APPLICANT INFORMATION - THIS SECTION MUST BE COMPLETED - PLEASE PRINT

Last Name	First	M.I.	Date
Street Address		Apartment/Unit#	
City	State	Zip	
Phone	Email Address		
Date Available for Work	Social Security No.		
If you are under 18 years of age, can you provide required proof of your eligibility to work?		What position are you applying for:	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i>		Yes	No
Have you ever worked for this company?	Yes	No	If yes, when?
Are you able to work:	Full Time	Part Time	Temporary
Did a current Olean Area FCU employee encourage you to apply?	Yes	No	

EDUCATION - NOT NECESSARY IF NOTED ON RESUME

High School		Address			
From	To	Did you graduate?	YES	NO	Degree
College		Address			
From	To	Did you graduate?	YES	NO	Degree
Other		Address			
From	To	Did you graduate?	YES	NO	Degree

REFERENCES - NOT NECESSARY IF NOTED ON RESUME

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

CURRENT/PREVIOUS EMPLOYMENT - NOT NECESSARY IF NOTED ON RESUME

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLAIMER AND SIGNATURE

I certify that my answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond his time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all regulations of the employer.

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Signature	Date
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	