



Employment Application

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application. We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name		Position Applied For	
email address		Desired Salary /Hrly. Rate	
Contact Phone		Alternate phone	
Present Address		How long there yrs/mos.	
Previous Address		How long there yrs/mos.	
If under the age of 18, can you produce the necessary work certificate at the time of employment?		Yes No	
Type of employment desired?		Full-time Part-time specify hours:	
Are you willing to work overtime?		Yes No	
Date on which you can start work if hired			
Have you previously applied for employment with this Company?		Yes No If Yes, when and where did you apply?	
Have you ever been employed by this Company?		Yes No	
If yes, provide dates of employment, location, and reason for separation from employment			

Please answer all questions:

Have you ever been convicted in any court, whether civilian or military, of a violation of the law, excluding minor traffic offenses? Yes No <i>If yes, please provide:</i>	Has a court of law ever withheld adjudication for a crime for which you were charged? This includes entry into pretrial diversion, probation before judgment, or similar program. Yes No <i>If yes, please provide:</i>
Offense:	Offense:
Date:	Date:
City and State:	City and State:
Disposition of Case:	Disposition of Case:
Court Location:	Court Location:
Any Rehabilitation:	Any Rehabilitation:
Attach an additional page if necessary	Attach an additional page if necessary
Are you awaiting trial for a violation of the law, excluding minor traffic offenses? Yes No <i>If yes, please provide:</i>	Note: Conviction of a crime and/or court's adjudication of guilt being withheld and/or the fact that you are awaiting trial may not necessarily bar you from employment. Criminal convictions or arrests may not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.
Charge:	
Date Charged:	
Trial Date:	
Court Name and Location:	

Have you ever initiated an act of violence in the workplace? Yes No <i>If Yes, please provide the date(s) and explain so that individual circumstances can be considered. A "Yes" answer will not necessarily disqualify you from employment</i>	
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Education	School Name and Location (Address, City, State)	Course of Study	Graduate ?	#of Years Completed	Degree/Major
High School					
College					
Bus/Tech/Trade or Post College					
Honors Received					
Do you have an NMLS number?		Yes	No	If yes, please provide number:	
If applicable, list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.					
List all special technical skills that you feel qualify you for the job for which you are applying. For example, computer programming/language, software, equipment operation, special tools or machines, etc.					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order **with present or last employer listed first**. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer Name and address	
Telephone	
Type of business	
Employment dates	From: _____ to: _____
Job title	
Duties	
Supervisor's name	
May we contact?	Yes No If no, why not?
Wages	Start: _____ Final: _____
Reason for leaving	
How much notice did you give when resigning?	If none, explain:
What will this employer say was the reason your employment ended?	

Employer Name and address	
Telephone	
Type of business	
Employment dates	From: _____ to: _____
Job title	
Duties	
Supervisor's name	
May we contact?	Yes No If no, why not?
Wages	Start: _____ Final: _____
Reason for leaving	
How much notice did you give when resigning?	If none, explain:
What will this employer say was the reason your employment ended?	

WORK EXPERIENCE, continued:

Employer Name and address	
Telephone	
Type of business	
Employment dates	From: _____ to: _____
Job title	
Duties	
Supervisor's name	
May we contact?	Yes No If no, why not?
Wages	Start: _____ Final: _____
Reason for leaving	
How much notice did you give when resigning?	If none, explain:
What will this employer say was the reason your employment terminated?	

Please explain fully all gaps in your employment history in excess of one month	
Have you ever been terminated or asked to resign from any job?	Yes No if yes, how many times?
Has your employment ever been terminated by mutual agreement?	Yes No if yes, how many times?
Have you ever been given the choice to resign rather than be terminated?	Yes No if yes, how many times?
If you answered Yes to any of the above three questions, please explain the circumstances of each occasion	

Work-Related References

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship	Telephone

Personal References

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone	Number years known

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive

covenant, and/or conflict of interest statements, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE CEO OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant signature: _____ Date: _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.

Applicant signature: _____ Date: _____

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

DISCLOSURE

As part of the employment process, Emery Federal Credit Union (the "Company"), may obtain a consumer report and/or investigative consumer report and/or criminal background report.

Emery Federal Credit Union (THE COMPANY) Background Check Authorization Form

PLEASE PRINT LEGIBLY

Print Name:

First _____ Middle _____ Last _____

Current Address:

_____ (Street)

_____ (City) (State/Zip)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

E-mail address _____

Previous Employment Verification (Need Two)

1)

Employer Name _____

Employer

Address _____

Employer Phone _____

Contact Name _____

Dates Employed From _____ to _____

Position _____

2)

Employer Name _____

Employer

Address _____

Employer Phone _____

Contact Name _____

Dates Employed From _____ to _____

Position _____

Education Verification – Please list your highest post high school education or degrees.

Examples- Associates, B.A., B.S., MBA. , or professional certifications

Institution Attended _____

Institution City and State _____

Institution Phone _____

Dates Attended From _____ to _____

Degree Obtained _____

Name Used while Attending _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize THE COMPANY and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education, background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to THE COMPANY or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release THE COMPANY, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "reports" about me from Signet Screening Inc. at any time during my employment with THE COMPANY. I further understand I have a right to make a request to Signet Screening, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request.

Signature_____Date_____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice and at any time.
- I understand that this application will be kept on file for thirty days from the date completed, after which time I would have to reapply in accordance with established company procedures.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.
- I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to Emery Federal Credit Union-Mortgage Division. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.
- I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.
- I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.
- **I have read and understand the contents of this employment application and am fully able and competent to complete it.**

Date

Signature