

Employment Application

Achieva Credit Union is an Equal Opportunity Employer, and a Drug-Free Smoke-Free Workplace.

Phone (727) 431-7680 Fax (727) 431-7359 www.AchievaCU.com

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Last Name	First Name		Middle II	nitial T	oday's Date		
Street Addre	SS						
City		State	ZIP				
() -	. () -					
Home F	Phone W	() - Work Phone		Social Security Number			
	v we reach you? □ Cellular						
Are you legall	y eligible for employment in the Unit u must show proof of identity and er	ted States?	□Yes □	No			
	r been convicted of a felony? □Ye explain (Your response will not nec		/ you):				
Have you wor	ked here before? □Yes □ No If y	yes, give date(s)	and department(s)			
Names of relatives working for us: How did you hear about the job?							
Date available? Hourly Rate Seeking: \$							
Position applying for: □ Full-time □ Part-time □ Temporary							
If part-time, w	hat days and hours are you availab	le to work?					
Are you availa	able to work overtime if required? \Box	Yes □ No Are	you available to v	vork Saturdays	? □ Yes □ No		
Education							
	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma		
College				☐ Yes ☐ No			
High School				☐ Yes ☐ No			
Other				☐ Yes ☐ No			

Employment

Please include all periods of full-time and part-time employment and unemployment. **Begin with your most recent employment**. Attach additional sheets if necessary.

From Mo./Yr. To Mo./Yr. Name of	Company or Business	Telephone number				
		() -				
/ / / / Address/City/State/ZIP		Your Job Title				
Describe your major job duties		Salary				
Describe your major job duties		Salaly				
Name of Supervisor	Reason for leaving	_				
From Mo./Yr. To Mo./Yr. Name of	Telephone number					
		() -				
/ / / / Address/City/State/ZIP		Your Job Title	_			
Describe your major job duties		Salary				
Name of Supervisor		Reason for leaving				
From Mo./Yr. To Mo./Yr. Name of	Telephone number					
	() -					
/ / / / Address/City/State/ZIP		Your Job Title				
Describe your major job duties		Salary				
Name of Supervisor		Reason for leaving	_			
Have you ever been discharged or forced to re	sign?□ Yes □ No If ye	es, please explain:				
May we contact your present employer? □	Yes □ No					
Professional References						
Name	Telephone	Occupation				
Name	Telephone	Occupation	_			
DI FACE DEAL	D CAREFULLY BEFORE	SIGNING				
I certify that the information contained in this application i	s I authorize you to r	request and receive such information.				
correct to the best of my knowledge and I understand that falsification of this information whenever discovered is grounds for refusal to hire, or if hired, dismissal. I further authorize that Achieva can perform any background checks including my personal history and financial and credit history through any investigative or credit						
I authorize the persons and organizations referenced in						
this application to give you any and all information concerning my previous employment, education or any information they may have, personal or otherwise, with I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.						
information they may have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any dame.	d and acknowledge that any offer or					
and release all such parties from all liability for any damage continuance of employment is contingent upon favorable results of a pre-employment drug screen.						
Signed	Date					



AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT

Please sign below to authorize Achieva Credit Union to obtain a consumer credit report. The information obtained is limited to determining your eligibility for employment with us. We thank you for sharing this information with us. Achieva Credit Union is an Equal Opportunity Employer.

I understand that Achieva Credit Union can obtain a consume	r credit report for employment purposes.
I authorize Achieva Credit Union to obtain this report.	
Applicant Signature	Date