



# Maine Highlands

FEDERAL CREDIT UNION

Personal Service. Shared Value.

## APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

### I. PERSONAL BACKGROUND

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a United States citizen?  Yes  No

If you are not a U.S. Citizen, do you have proof of your immigration status?  Yes  No

On what date will you be available to begin work? \_\_\_\_\_

Can you travel if your job requires it?  Yes  No

What foreign languages are you able to speak? \_\_\_\_\_

Read? \_\_\_\_\_ Write? \_\_\_\_\_

Have you submitted an application for employment here before?  Yes  No When? \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify you from employment)

Have you ever had any bond coverage modified or revoked, or had an application for a bond declined?

Yes  No

List any professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Walk-in  Employment Agency

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## II. EMPLOYMENT HISTORY

Please provide the following information for each of the last three positions you have held, starting with the most recent:

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_

Job title and nature of work performed and job responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor and title \_\_\_\_\_

Dates of employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Rate of pay or salary \_\_\_\_\_

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_

Job title and nature of work performed and job responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor and title \_\_\_\_\_

Dates of employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Rate of pay or salary \_\_\_\_\_

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_

Job title and nature of work performed and job responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor and title \_\_\_\_\_

Dates of employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Rate of pay or salary \_\_\_\_\_

### III. EDUCATIONAL BACKGROUND

Please provide the following information for every secondary and post-secondary institution you attended

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Degree received or course of study completed \_\_\_\_\_

Areas of concentration \_\_\_\_\_

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Name of Institution \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Degree received or course of study completed \_\_\_\_\_

Areas of concentration \_\_\_\_\_

Attach additional sheets as needed.

### IV. REFERENCES

Please provide the following information for each of three references:

Name \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_ Years known \_\_\_\_\_

Nature of relationship \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_ Years known \_\_\_\_\_

Nature of relationship \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_ Years known \_\_\_\_\_

Nature of relationship \_\_\_\_\_

## V. SKILLS AND QUALIFICATIONS

Please provide us with information regarding any special skills, experience or qualifications which you feel would assist us in evaluating your application:

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## VI. ACKNOWLEDGEMENT, WAIVER AND CONSENT

By signing this application, I signify that I understand and agree that the employer may, and hereby grant the employer the right to, contact any or all of the persons, entities or institutions listed by me above, including but not limited to educational institutions and employers. I also acknowledge and agree that such persons, entities or institutions may disclose information about me to the employer, and I hereby waive any and all claims I may have and hold such persons, entities and institutions harmless with respect to any such disclosure. I further grant the employer the right to obtain any additional information about me, including but not limited to criminal records on file with any Federal, State, or local law enforcement authorities or agencies. If I am employed, the right to obtain all of this information will continue on the part of the employer until such time as my employment is terminated, and I acknowledge that any employment will be “at will”, meaning that such employment may be terminated, at any time, by me and/or the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_