



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 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 _____

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 _____

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 _____

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 _____

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 _____

Name _____

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone _____ Years known _____

Nature of relationship _____

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:

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 _____