

APPLICATION FOR EMPLOYMENT



**Lisbon Community
Federal Credit Union**

an Equal Opportunity Employer

Building Preserving
Futures. Dreams.

325 Lisbon Street P. O. Box 878
Lisbon, Maine 04250
(207) 353-4144

We are pleased that you are interested in applying for a position with The Lisbon Community Federal Credit Union. We do not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, sexual orientation (which includes gender identity and expression), ancestry, physical or mental disability, age or any other category protected by law. No question on this form is intended to secure information to be used for such discrimination. We will give this application every consideration. However, in accepting it, we make no commitment of employment to the applicant.

PLEASE PRINT OR TYPE

Position Desired _____ Date _____

Full Name _____ Social Security Number _____
(First, Middle, Last)

Present Address _____ City, State, Zip _____

Home Telephone (____) _____ Cell Phone (____) _____

PREVIOUS ADDRESSES	Dates	Address	City	State	Zip

Are you age 18 or over? Yes No U. S. Veteran? Yes No

Date available for work _____ Type of employment desired Full-Time Part-Time

May we contact you at work? Yes No

If yes, work number and best time to call (____) _____ Time: _____

Have you previously applied for employment at Lisbon Credit Union? Yes No

If yes, when? _____ How were you referred to us? _____

Do you have the legal right to work in the United States as defined by the Immigration Reform and Control Act? Yes No If no, explain. _____

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Do you have any commitments to another employer or organization which might affect your employment with us? Yes No If yes, explain_____

Salary goal \$_____ Date available upon offer of employment_____

Are you on lay-off or subject to recall? Yes No

Are you able to meet the attendance requirements of this position with or without reasonable accommodation?
 Yes No

Will you work overtime if required? Yes No Have you ever been bonded? Yes No

In the past 7 years (or if you served prison time, 5 years following your release) have you ever been convicted of a crime involving dishonesty, breach of trust or money laundering? Yes No

If yes, please explain:_____

EMPLOYMENT HISTORY

Give complete employment history, beginning with your present employer, or the last employment you held, and go backward for the past seven years (or for last five employers). Note any periods in which you were not employed.

Firm Name		Start Date	End Date	Supervisor's Name		
Address		City	State	Zip	Start Salary	End Salary
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address		City	State	Zip	Start Salary	End Salary
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address		City	State	Zip	Start Salary	End Salary
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address		City	State	Zip	Start Salary	End Salary
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address		City	State	Zip	Start Salary	End Salary
Job Title / Duties			Reason For Leaving			

EDUCATIONAL BACKGROUND

School	Name of School	Address	Last Grade	Type of Course and Degree
Grammar				
High				
College				
Other				

If you attended but did not graduate, why not? _____

List any special qualifications which might assist us in placing you to your best advantage

PERSONAL REFERENCES

Please list the name, address, phone number and basis for knowledge of three persons who have known you during the past five years. Please list personal references who are *not* related to you.

Name	Address	Phone No.	How Known

This certifies that this application was completed by me, and that all entries on it, and information in it are true and complete to the best of my knowledge. This is my express permission for Lisbon Community Federal Credit Union to conduct a personal investigation as to my qualifications, experience, background, etc. It may contact any person or firms it so desires, and such persons or firms are requested to furnish whatever information they may have which would be relevant to the investigation. I understand that any misrepresentation or the omission of any material facts would be good and sufficient cause for my discharge at any time during my employment. Furthermore, I understand that just as I am free to resign at any time the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Applicant's Signature _____ Date _____

PAST EMPLOYMENT RELEASE

Having made application for employment at Lisbon Credit Union, I request their representative be informed as to my previous employment record. I hereby authorize the investigation of my past record of any and all information which may concern my past employment, whether same is of record or not. I release my employers and all persons whomsoever of any damages resulting from furnishing said information.

Applicant's Signature _____ Date _____

APPLICANT'S STATEMENT & AGREEMENT

I understand that the Lisbon Community Federal Credit Union may investigate my criminal record. I voluntarily give the Lisbon Community Federal Credit Union and its authorized representatives the right to make an investigation of my educational background, past employment activities, and criminal conviction record in order to determine my suitability for employment with the Lisbon Community Federal Credit Union. I authorize my past employers to disclose to the Credit Union all records and information pertinent to my employment with them. I also authorize any police, criminal justice or similar agencies to release to the Credit Union or its representatives any information reflecting criminal convictions pertaining to me. I authorize all persons disclosing information to accept a photocopy of this statement as having the same authority as the original and I specifically waive any written notice from any person, agency or employer contacted. I hereby release the Credit Union, its agents, authorized representatives, and any and all persons disclosing information hereunder from any and all liability, claims or damages that may directly or indirectly result from the solicitation, use, disclosure, or release of any such information by other person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Credit Union with any pertinent information they may have regarding myself.

I hereby state that all the information provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

I understand that this application is not an offer of employment, does not mean any positions are available, and does not guarantee that I will be offered a job. If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Credit Union at any time and for any reason whatsoever, with or without good cause and with or without notice at the option of either the Credit Union or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the Manager of the Credit Union. No supervisor or representative of the Credit Union, other than the manager, has any authority to make any agreement contrary to the foregoing. I further acknowledge that no representations or promises have been made to me, nor have any documents (including, without limitation, any personnel policies, handbooks, manuals and/or guidelines) other than this application form will be given or shown to me, regarding the terms of employment with the Credit Union and me (the employee) regarding the rights of the Credit Union or me to terminate employment at will and with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of me and the Credit Union.

This application for employment shall be considered active for 180 days.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Applicant's Signature: _____ Date: _____

LISBON COMMUNITY FEDERAL CREDIT UNION
CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

Lisbon Community Federal Credit Union ("Credit Union") may obtain a consumer report or cause a consumer report to be obtained with respect to you for employment purposes. A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Prior to taking any adverse action based in part or in a whole on the consumer report for employment purposes, the Credit Union will provide you with a copy of the report and a description in writing of your rights under the Fair Credit Reporting Act, as prescribed by the Federal Trade Commission.

APPLICANT/EMPLOYEE AUTHORIZATION

AUTHORIZATION TO OBTAIN CONSUMER REPORT WITH RESPECT TO ME

I, _____, hereby authorize the Lisbon Community Federal Credit Union and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both police and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the Credit Union.

I release the Lisbon Community Federal Credit Union and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources used.

By signing this disclosure, I acknowledge that I have received a copy of this disclosure and authorize the Credit Union to obtain a consumer report, at any time, with respect to me for employment purposes.

Applicant's Signature: _____ Date: _____