

### Santo Christo FCU Employment Application

Please print this form, fill it out and fax to **508-673-6403**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information:	
Last Name:	First Name, M.I.:
Social Security #:	18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address 1:	
Address 2:	
City:	State, ZIP:
Home Phone:	E-Mail Address:
Referred by:	Today's Date:
Employment Desired:	
Position:	
Start Date:	Salary Desired:
Currently Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we contact your current employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied here before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If so when and where?:
Education:	
Grammar School (Name and Location):	
Graduated?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subjects Studied and Degree(s):	
High School (Name and Location):	
Last Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Subjects Studied and Degree(s):	
College (Name and Location):	
Last Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Subjects Studied and Degree(s):	
Technical or Vocational School (Name and Location):	
Last Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Subjects Studied and Degree(s):	
General:	
Subjects of Special Study or Research Work:	
Job Related Skills (typing, driver's license, etc.):	

## St. Anthony of Padua FCU Application

Please print this form, fill it out and fax to

Former Employers:	
Start Date:	End Date:
Position:	Salary:
Reason for leaving:	
Name of Employer:	
Address 1:	
Address 2:	
City:	State, ZIP:
Start Date:	End Date:
Position:	Salary:
Reason for leaving:	
Name of Employer:	
Address 1:	
Address 2:	
City:	State, ZIP:
Start Date:	End Date:
Position:	Salary:
Reason for leaving:	
Name of Employer:	
Address 1:	
Address 2:	
City:	State, ZIP:
References:	
Name:	Phone Number:
Position:	Years Acquainted:
Address 1:	
Address 2:	
City:	State, ZIP:
Name:	Phone Number:
Position:	Years Acquainted:
Address 1:	
Address 2:	
City:	State, ZIP:
Signature:	Date:

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### AUTHORIZATION:

I understand that any employment is conditioned on a background check. I authorize the financial institution to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the financial institution, without giving me prior notice of such disclosure. In addition, I release the financial institution, any former employers and all references listed in this application from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Signature:	Date: