

Army Aviation Center Federal Credit Union Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disabled, or any other legally protected status. Army Aviation Center Federal Credit Union is an Equal Opportunity and Affirmative Action Employer of Females, Minorities, Veterans and Disabled" and provides reasonable accommodation for qualified individuals with disabilities and disabled veterans in the job application process.

(PLEASE PRINT)

Date of Application _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Telephone _____ Social Security Number _____

Email Address: _____

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

List any friends or relatives working for us _____

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

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

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

Have you ever had any bond coverage modified, revoked, or declined? Yes No

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed		WORK PERFORMED
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		WORK PERFORMED
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		WORK PERFORMED
		From	To	
Address				
Job Title	Hourly Rate/Salary			
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Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		WORK PERFORMED
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications

acquired from employment or other experience _____

Education

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: State any additional information you feel may be helpful in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In consideration of my employment, I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Credit Union or me. I understand that no one (other than the President of the Credit Union) has any authority to enter into any agreement which will modify the at will nature of my employment relationship and I further agree that the at will nature of my employment relationship cannot be modified except by an express written agreement signed by the President of the Credit Union and specifically purporting to modify or terminate the at will nature of my employment relationship with the Credit Union.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____ Interviewer _____ Date _____

Job Title _____ Hourly rate/
Salary _____ Department _____

By _____

Name and Title

Date

Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical conditions or disabled, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This date is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other

Name _____ Phone (_____) _____
LAST FIRST MIDDLE AREA CODE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disabled, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

ARMY AVIATION CENTER FEDERAL CREDIT UNION

P.O. Drawer 8 • Daleville, Alabama 36322
(334) 598-4411

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the individual, company or institution listed below to furnish Army Aviation Center Federal Credit Union with any information they may have concerning me or my employment history. Any and all individuals connected with the release of this information, including AACFCU, are released from all liability for any damage whatsoever incurred in providing such information.

Date

Signature

(APPLICANT: DO NOT WRITE BELOW THIS LINE)

Employer _____

Address _____

City _____ State _____ Zip _____

Applicant's Name _____ SS# _____

Position Held _____ Employment Dates _____

(TO BE FILLED OUT BY EMPLOYER)

Dates Employed: From _____ To _____ Position Held _____

Reason for termination _____

Is employee eligible for rehire? Yes _____ No _____

If NO, please give reason: _____

<u>Evaluation</u>	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Quality of Work	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Employee/Guest Relations	_____	_____	_____	_____

Comments _____

Date

Signature

Title

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**ARMY AVIATION CENTER FEDERAL CREDIT UNION
POLICY CONSENT / RELEASE FORM**

I do hereby give my consent to Army Aviation Center Federal Credit Union to collect a urine, breath, hair, saliva and/or blood sample from me on this day, and I further give my consent to the Credit Union to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs and/or alcohol. I further give the laboratory my permission to release the results of such tests to the Credit Union's Medical Review Officer. I understand that the refusal to submit to testing or a positive test result-will affect my initial or continued employment and result in disciplinary action as described in the Credit Union's Drug and Alcohol Policy. I also understand that it is not the purpose of this test to identify any disability I may have.

I understand that this document in no way limits my right to terminate my employment or be terminated and that my employment is on an "at will" basis.

This consent shall remain in effect for a period of five years if the Credit Union does not hire me; and if I become employed, then until five years after my employment terminates.

Signature _____ Date_____

Army Aviation Center Federal Credit Union has determined that the job for which you are being considered requires that an investigation be made about your credit history, personal character, and general reputation prior to confirming your employment. This notice is given to you in compliance with Public Law 91-508, otherwise known as the Fair Credit Reporting Act, to inform you that routine inquiry may be made concerning your credit, character, general reputation, personal characteristics or mode of living, and we expect to receive a report thereon. Further information on the nature and scope of such report, if one is made, will be available to you upon your written request that we, or the reporting agency, provide you with a copy.

I HEREBY AUTHORIZE AACFCU TO ACQUIRE INFORMATION FROM THE SOURCES PROVIDED ABOVE, AND OTHER APPLICABLE SOURCES DEEMED SUITABLE, CONCERNING MY CREDIT, CHARACTER, REPUTATION, AND MODE OF LIVING.

Signature _____ Date_____