



APPLICATION FOR EMPLOYMENT

Raritan Bay Federal Credit Union is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, creed, gender, sexual orientation, national origin, citizenship, age, disability, marital or veteran status, or any other legally protected status. We assure you that your opportunity for employment with RBFCU depends solely on your qualifications.

(PLEASE PRINT)

PLEASE COMPLETE PAGES 1-3

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____

Name _____

LAST FIRST MIDDLE MAIDEN

Present address _____

NUMBER STREET CITY STATE ZIP

Number of years at current address _____ Social Security No. _____

Telephone Number(s) Day (____) _____ Evening (____) _____

If under 18 can you provide required proof of your eligibility to work? YES NO

Days/hours available to work: No Preference _____

Mon _____ Thurs _____

Tues _____ Fri _____

Wed _____ Sat _____

Employment desired FULL-TIME PART-TIME FULL OR PART-TIME

Date available for work ____/____/____ What is your desired salary range? _____

Have you ever been convicted of a crime? YES NO

If yes, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever filed an application RBFCU before? If yes, please give date _____

Have you ever been employed with RBFCU before? If yes, please give date _____

Are any of your friends or relatives employed by RBFCU? If yes, state name and relationship _____

Are you currently employed? YES NO May we contact your present employer? YES NO

EDUCATION

Type of School	Name and Address of School	Course of Study	No. of Yrs Completed	Major and Degree
High School				
Undergraduate/College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Please list your work experience beginning with your current or most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:			
Starting/Present Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			May We Contact <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:			
Starting/Present Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			May We Contact <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:			
Starting/Present Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			May We Contact <input type="checkbox"/> YES <input type="checkbox"/> NO

Personal/Professional References (Do not include family members or past supervisors)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Additional Information

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Person(s) to be notified in case of emergency

Name _____ Telephone 1 (____) _____

Address _____ Telephone 2 (____) _____

_____ Relationship _____

Name _____ Telephone 1 (____) _____

Address _____ Telephone 2 (____) _____

_____ Relationship _____

TO BE COMPLETED BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____

Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Name of person authorizing employment _____