

Application for Employment

We are an Equal Opportunity Employer and committed to excellence through Please print or type.
The application must be fully completed to be considered. Please complete each section, even if you attach a resume

| | | | | resume. | | |
|--|--------------|----------------------|----------------------|---------|--|--|
| Personal Informati | on | | | | | |
| Last Name | | First Name | | MI | | |
| Address | | City | State | Zip | | |
| Phone number | | Email address | | | | |
| Referral Source: Walk In 🔲 A | dvertisement | Website 🔲 🛮 Job Fair | | | | |
| Employee Other Other | | | | | | |
| Are you legally eligible to work in the US? Yes No | | | | | | |
| If selected for employment are you willing to submit to a background check? Yes ☐ No ☐ | | | | | | |
| Position | | | | | | |
| Position you are applying for | | Available start date | | | | |
| Employment desired | | | | | | |
| ☐ Fu | ıll time | ☐ Part time | ☐ Seasonal/Temporary | | | |
| If the job requires you to travel, do you have appropriate valid driver's license? Yes ☐ No ☐ | | | | | | |
| Have you read the job description or had the essential functions of the job explained to you? Yes \square No \square | | | | | | |
| Are you able to perform the essential functions of the job you are applying, with or without reasonable accommodation? Yes □ No □ | | | | | | |
| Have you ever had Bond Coverage modified or revoked? Yes ☐ No ☐ | | | | | | |
| Education | | | | | | |
| School Name | Location | Years Attended | Degree Received | Major | | |
| | | | - | - | | |
| | | | | | | |
| | | | | | | |



| Employment History (Most recent first) (Include voluntary and military experience) | | | | | | |
|--|--|---------|----------------|--|--|--|
| Employer (1) | Job title | | Dates employed | | | |
| Address | City | State | Zip | | | |
| Phone | Supervisor | | | | | |
| Reason for leaving | May we contact this employer? Yes ☐ No ☐ | | | | | |
| Employer (2) | Job title | | Dates employed | | | |
| Address | City | State | Zip | | | |
| Phone | Supervisor | | | | | |
| Reason for leaving | May we contact this employer? Yes No | | | | | |
| Employer (3) | Job title | | Dates employed | | | |
| Address | City | State | Zip | | | |
| Phone | Supervisor | | | | | |
| Reason for leaving | May we contact this employer? Yes \(\bigcap \) No \(\bigcap \) | | | | | |
| Skills & Qualifications (summarize any special training, skills, license, and/or certificates that may assist you in the | | | | | | |
| position for which you are applying) | | | | | | |
| | | | | | | |
| | | | | | | |
| References (business and professional only) | | | | | | |
| Name | Title | Company | Phone | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and accurate.

I expressively authorize, without reservation, the employer, its representative, employees to contact and obtain information from all reference (personal & professional), employers, public agencies, licensing authorizes, educational institutions an otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I understand that this institution does not perform any polygraph test under Massachusetts General Chapter 149, Section 19B.

I understand that this institution participation in the E-verify program to prove that I am legally authorized to work in the United States and that I will be able to provide proof of identity.

I understand that this employer is an Equal Opportunity Employer and does not unlawfully discriminate in employment and no question on this application or during the interview process is used for the purpose of limiting or eliminating any applicants from consideration for employment on any basis prohibited by applicable state and federal laws.

I understand that this application remains current for only 30 days. At the conclusion of that time. If I have not heard from the employer and still wish to be considered for employment should reapply.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to result in immediate discharge from the employer's service whenever it is discovered.

I understand that the management of the credit union may transfer you to any job or location depending on the needs of the credit union. Therefore, you will be required to have your own transportation and be able to work Friday evenings and Saturdays.

I hereby understand and acknowledge that this is an "AT WILL" employer, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. Name (please print) Signature

Please forward all applications and/or resumes to: P.O. Box 7008 Lowell, MA 01852 Attn: HR Dept

or

Email to: hr@aligncu.com