



# Norfolk Municipal Employees Federal Credit Union

810 Union St. Norfolk VA 23510  
 Phone 757-664-4273 Fax 664-4278 www.norfolkcu.org

DATE: \_\_\_\_\_

**PLEASE PRINT** **APPLICATION FOR EMPLOYMENT**

Applicant's Name (Last) (First) (Middle Initial)	Social Security Number - -
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Mailing Address (Number and Street)	Work Telephone Number ( )
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City	State	Zip Code	Home Telephone Number ( )
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1. Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_ No \_\_\_\_  
 (If yes, verification will be required)

2. Are you of legal age to work? Yes \_\_\_\_ No \_\_\_\_

3. Position applied for?

4. Were you previously employed by us? Yes \_\_\_\_ No \_\_\_\_ . If yes, when?

5. If your application is considered favorably, on what date will you be available for work?

6. Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Please list all computer skills \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

School	Name & Location of School	Degree or Course of Study	Circle Last Year completed				Did You Graduate?	
			1	2	3	4	Y	N
High			1	2	3	4	Y	N
College			1	2	3	4	Y	N
Other (Specify)			1	2	3	4	Y	N

**EMPLOYMENT HISTORY – Begin with your most recent job. List each job separately.**

Job Title	Dates Worked From _____ To _____	
Starting Salary \$ _____ Per _____	Last Salary \$ _____ Per _____	
Name of Employer		Name of Supervisor
Address:		
Telephone Number ( )	Reason for Leaving:	
Duties Performed:		

Job Title	Dates Worked From _____ To _____	
Starting Salary \$ _____ Per _____	Last Salary \$ _____ Per _____	
Name of Employer		Name of Supervisor
Address:		
Telephone Number ( )	Reason for Leaving:	
Duties Performed:		

Job Title	Dates Worked From _____ To _____	
Starting Salary \$ _____ Per _____	Last Salary \$ _____ Per _____	
Name of Employer		Name of Supervisor
Address:		
Telephone Number ( )	Reason for Leaving:	
Duties Performed:		

I hereby give permission to contact the employers listed above concerning my prior work experience: \_\_\_\_\_

Signature

If there is a particular employer(s) you do not wish us to contact, please indicate which:

\_\_\_\_\_

**WORK REFERENCES: List the names of three references that employers may contact.**

Name and Occupation	Address	Phone Number

**Criminal Record**

Have you ever been convicted of a crime, other than traffic violations?  Yes  No

If YES, please provide the following:

- Description of the offense: \_\_\_\_\_
- Date of the Conviction: \_\_\_\_\_
- County, City & State of Conviction: \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above.)

**Military Service Record**

Were you in the U.S. Armed Forces?  Yes  No If yes, what Branch? \_\_\_\_\_

Did you receive any training in the US Armed Forces that is relevant to the position applied for? If yes, please describe: \_\_\_\_\_

**Statement of Certification**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement of this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus you choose.

This application will only be considered for this position or similar positions which become vacant within the next 30 calendar days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Signature of Applicant



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### Applicant Disclosure

I understand that a pre-employment consumer report may be obtained from the following consumer reporting agency for employment purposes:

Equifax Credit Information Services  
Consumer Services Department  
P.O. Box 740241  
Atlanta, GA 30374-0241  
1-800-685-1111

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

