



# Southeast Financial

Credit Union

220 SOUTH ROYAL OAKS BLVD.  
P.O. BOX 681828  
FRANKLIN, TN 37064

## APPLICATION FOR EMPLOYMENT

We sincerely appreciate your interest in seeking employment with us. The questions asked on this application are designed to give us a clear understanding of your background and work experience. This information will be of help to us in placing you in a position that best meets your qualifications.

Please advise us if any accommodations are required to assist you in the application process.

(PLEASE PRINT CLEARLY)

### PERSONAL

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ e-mail Address \_\_\_\_\_

Preferred method of contact?  Home Phone  Cell Phone  Email

How were you referred to us?  Internet Ad  Newspaper Ad  Company Website  
 Personal Referral \_\_\_\_\_  Other \_\_\_\_\_

### PLACEMENT

Position for which you are applying? \_\_\_\_\_

Can you perform the essential functions of the position for which you have applied, either with or without reasonable accommodation?  Yes  No

Starting salary you are seeking \$ \_\_\_\_\_ per:  Hour  Month  Year

What type of employment are you seeking?  Temporary (seasonal)  Part-time  Full-time

When could you begin employment? \_\_\_\_\_

Please check the computer programs in which you are proficient:

MS Word  MS Excel  MS Outlook  MS Access

Other (please list):

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## EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	LAST YEAR COMPLETED				DID YOU GRADUATE?	MAJOR COURSE OF STUDY AND DEGREE GRANTED
		1	2	3	4		
HIGH SCHOOL						<input type="checkbox"/> YES	
						<input type="checkbox"/> NO	
COLLEGE						<input type="checkbox"/> YES	
						<input type="checkbox"/> NO	
OTHER (Specify)						<input type="checkbox"/> YES	
						<input type="checkbox"/> NO	

Have you ever worked for us before?  Yes  No If yes, from \_\_\_\_\_ to \_\_\_\_\_

Do you have any relatives or friends working for us?  Yes  No If yes, whom? \_\_\_\_\_

Are you at least eighteen years of age or older?  Yes  No

## GENERAL INFORMATION

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills, but you may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or any other protected status.)

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Have you ever served in the military?  Yes  No

If yes, please supply dates of service, branch, type of discharge and rank.

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Have you ever plead guilty or no contest or been convicted of a criminal offense?  Yes  No

If yes, please explain and provide dates and locations.

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If employment is offered, can you produce personal identification, such as a U.S. Passport, a driver's license or photographic identification card issued by the state?  Yes  No

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. Citizenship or verification of your legal right to work in the United States?  Yes  No

I understand branch location can change at employer's option.  Yes  No

I understand overtime and/or work schedule changes may occur at the option of employer.  Yes  No

## EMPLOYMENT HISTORY

Present or last employer \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

email address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Base Earnings \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(month and year) (month and year) (Beginning) (End)

Position Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you work for this firm again?  Yes  No Why / Why not? \_\_\_\_\_

Previous employer \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

email address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Base Earnings \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(month and year) (month and year) (Beginning) (End)

Position Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you work for this firm again?  Yes  No Why / Why not? \_\_\_\_\_

Previous employer \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

email address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Base Earnings \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(month and year) (month and year) (Beginning) (End)

Position Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you work for this firm again?  Yes  No Why / Why not? \_\_\_\_\_

Previous employer \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

email address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Base Earnings \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(month and year) (month and year) (Beginning) (End)

Position Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you work for this firm again?  Yes  No Why / Why not? \_\_\_\_\_

May we contact your present employer?  Yes  No Why not? \_\_\_\_\_

May we contact past employers?  Yes  No Why not? \_\_\_\_\_

Explain any periods of unemployment. \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	HOW LONG KNOWN

*\* List at least two professional references. Do not list relatives.*

## NOTIFICATION AND AGREEMENT

**This application will receive careful consideration, but the acceptance of it for filing affords no assurance of eventual employment. Please read the following statements prior to signing.**

In compliance with the state of Tennessee's Non-Smoker Protection Act, effective October 1, 2007, Southeast Financial Credit Union is a non-smoking facility.

Southeast Financial Credit Union is an "at will" employer. The employer and the employee both have the right to terminate any employment relationship with or without notice, with or without cause. Southeast Financial Credit Union is an equal opportunity and affirmative action employer and will not discriminate or tolerate discrimination in hiring or employment on the basis of race, color, religion, national origin, sex, age, marital status, pregnancy, citizenship, veteran status, or disability. No question on this application is intended to secure information to be used for such discrimination or any other protected status.

My answers to the questions in this application are, to the best of my knowledge, true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my qualifications unfavorably. I understand that omission or misrepresentation of any of the above information may be cause for rejection of this application or dismissal from employment. I have read and understand all statements made on this application.

In processing this employment application, we may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, police record, personal characteristics and mode of living. We may also investigate your financial and credit record through credit agencies and bureaus. You have the right to request that we completely and accurately disclose to you the nature and scope of the investigation requested. Such request must be made to us within a reasonable time after you complete this application.

I understand if employment is offered and accepted, my employment is terminable at will, that I am not being employed for any specific time, and that this application is not intended to be a contract for continuing employment.

Anytime after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the company: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; and (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

I hereby acknowledge that I have read the foregoing disclosure statement and understand the rights I have. This application will remain active for six months, after which time I must reapply.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant