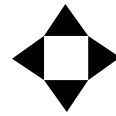


INSTRUCTIONS:

1. Type or print clearly; incomplete or illegible applications will not be processed.
2. This application shall be considered active for a period not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should complete another application.
3. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process; or, if discovered after employment, terminating employment. Additional testing of job-related skills may be required prior to employment.



Penn East
Federal Credit Union

www.penneastfcu.org ► (570) 342-2720
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE / /

Name (Last)	(First)	(Middle)	Social Security No.
Home Address			City State Zip
Home Phone # ()	Cell # ()	Email Address	
Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes: Month _____ Year _____	I am interested in (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired		Pay Expected	
Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
When will you be available to begin working? _____			
Other special training, skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company:			

EDUCATION

Type of School	Name and Location of School		Degree/Area of Study	Number of Years Attended	Graduated (Circle One)
High School	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			
College	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			
Graduate School	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			
Other	Name	Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State Zip			

OTHER

Have you ever been convicted of a felony, pleaded guilty or "no contest" to a criminal charge, or entered into an agreement setting forth conditions for the eventual dismissal of a criminal case? You will not automatically be disqualified if you have a criminal record.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any bond coverage modified or revoked or has any application for a bond ever been declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please list three references below. Include only individuals familiar with your work ability. Include any family or friends who currently work for Penn East FCU.

Name	Address	Work Phone #	Title	Years Known
		()		
		()		
		()		

EMPLOYMENT HISTORY

Please give accurate, complete full-time & part-time employment record. Start with your present or most recent employer. **Your application will not be considered unless every question in this section is answered.**

May we contact your present employer? Yes No Past employer? Yes No/Why? _____

Dates	Name and Address of Employer	Position Held and Supervisor	Salary	Major Duties
From: ____/____/____ mo. yr.	Name	Your Job Title	Starting	
To: ____/____/____ mo. yr.	Address City	Supervisor	Final	Reason for Leaving
	State Phone ()			
Dates	Name and Address of Employer	Position Held and Supervisor	Salary	Major Duties
From: ____/____/____ mo. yr.	Name	Your Job Title	Starting	
To: ____/____/____ mo. yr.	Address City	Supervisor	Final	Reason for Leaving
	State Phone ()			
Dates	Name and Address of Employer	Position Held and Supervisor	Salary	Major Duties
From: ____/____/____ mo. yr.	Name	Your Job Title	Starting	
To: ____/____/____ mo. yr.	Address City	Supervisor	Final	Reason for Leaving
	State Phone ()			
Dates	Name and Address of Employer	Position Held and Supervisor	Salary	Major Duties
From: ____/____/____ mo. yr.	Name	Your Job Title	Starting	
To: ____/____/____ mo. yr.	Address City	Supervisor	Final	Reason for Leaving
	State Phone ()			

ADDITIONAL COMMENTS

Please use this box for any additional comments or information you may wish to voluntarily provide:

CERTIFICATION AND RELEASE

I hereby certify that I have a genuine interest in being hired and that all of the foregoing statements are true and correct. I agree to assume a continuing responsibility to disclose additional or new information, called for by this Employment Application, but known to me only after this Application was completed, and understand that my failure to make such a disclosure, and that falsification of any of the information given herein, on any employment form or in any interview, are grounds for immediate termination, regardless of when such failure or falsification may be discovered. I authorize this prospective employer to verify my statements and to undertake an investigation to gather and keep as much employment and non-employment information as is permitted by law, and waive any legal requirement to provide notice to me regarding reports or records given or received in accordance with this authorization. **Accordingly, all third parties (including individuals, schools, businesses, law enforcement authorities, government agencies and consumer reporting bureaus) are authorized to disclose any and all requested information to this prospective employer, and I agree to release all third parties, as well as this prospective employer and its employees, from any claims arising out of actions taken per these authorizations.** I also understand that my employment may be terminated at any time, with or without cause, without liability to me for salary, wages, or other benefits except as may have been up to date at the time of the termination of services.

SIGNATURE: _____ DATE: _____

EMPLOYMENT DISCLOSURE/AUTHORIZATION

In connection with your application for/continued employment with _____, on their behalf, CBY Systems Inc. will make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, residence, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments. Such inquiries may include investigative consumer reports that relate to your character, general reputation, personal characteristics, or mode of living and are obtained by personal interviews with your neighbors, friends, associates, and others.

In compliance with the Fair Credit Reporting Act (FCRA), you are entitled to be informed if an offer of employment is withheld because of information obtained from CBY Systems Inc. and, in that event, upon your written request, CBY Systems Inc. will provide a copy of the consumer and/or investigative consumer reports we receive, information regarding the nature and scope of the investigation, and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" is also attached to this Employment Inquiry Release.

Please complete and sign this form authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by CBY System Inc. to furnish any or all of the above mentioned information, including consumer reports and/or investigative consumer reports. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT FULL NAME _____ *DATE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVER LICENSE # _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

MAIDEN OR OTHER NAMES USED _____

GRADUATION DATE: HIGH SCHOOL _____ COLLEGE _____

APPLICANT SIGNATURE AND DATE: _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes. Revised 09/2018