



Please mail completed application to:

AgFed Credit Union  
 Attn: Human Resources  
 P.O. Box 2225  
 Merrifield, VA 22116-9998

Or fax to (202) 479-3821, attention Human Resources

### Agriculture Federal Credit Union Employment Application Form

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Current address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at current address? \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Are you under age 18 \_\_\_\_YES \_\_\_\_NO, if "YES", can you provide proof of your eligibility to work? \_\_\_\_YES \_\_\_\_NO

Are you currently authorized to work in the United States? \_\_\_\_YES \_\_\_\_NO. Proof of eligibility will be required if hired.

Position applied for \_\_\_\_\_

Wage desired (Be specific) \_\_\_\_\_

Employment desired:    FULL-TIME ONLY    PART-TIME ONLY    FULL- OR PART-TIME

Date you are available to begin at AgFed \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

### Agriculture Federal Credit Union

Mailing Address: P.O. Box 2225, Merrifield, VA 22116-9998 Phone: (800) 368-3552 Fax: (202) 479-3821

[www.agfed.org](http://www.agfed.org)

**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur

Expiration date \_\_\_\_\_

List any applicable skills you possess:

Please list two references other than relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

### APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?     Yes     No

Did you complete this application yourself?     Yes     No    If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_\_ Yes \_\_\_\_\_ No.

If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

**As indication that you have read and understood each sentence, please write your initials in the spaces provided below.**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other AgFed practices, shall serve to create an actual or implied contract of employment,\_\_\_\_ or to confer any right to remain an employee AgFed, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of AgFed.\_\_\_\_ Both the undersigned and AgFed may end the employment relationship at any time, without specified notice or reason.\_\_\_\_ If employed, I understand that AgFed may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.\_\_\_\_\_

I authorize investigation of all statements contained in this application.\_\_\_\_ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.\_\_\_\_ I hereby give AgFed permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release AgFed from any liability as a result of such contact.\_\_\_\_\_

I certify all of the information in this application is true and acknowledge that providing false or misleading information or omitting information can be grounds for either not hiring or for discharging the application if I am hired. \_\_\_\_\_

I understand that, in connection with the routine processing of your employment application, AgFed may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.\_\_\_\_ Upon written request from me, AgFed, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.\_\_\_\_\_

I further understand that my employment with AgFed shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with AgFed is terminable at will for any reason by either party.\_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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AgFed is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with AgFed depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.