

APPLICATION FOR EMPLOYMENT



LCFCU.ORG | 202-707-5852 |
800-32-LCFCU (52328) | 800-325-2328

LCFCU is an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment. To this end, prospective employees will receive consideration without discrimination because of race, color, sex, pregnancy, age, national origin, religion, non-disqualifying physical or mental disability, history of military service, citizenship status, genetic information, marital status, sexual orientation, gender identity or any other protected class status under federal or applicable state or local law. LCFCU complies with all applicable federal, state and local laws with respect to the prohibition of discrimination in employment.

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes If yes: Month and Year _____ Location _____ <input type="checkbox"/> No			Cellular Phone
Position for which applying:			Pay Expected
Are you available for full-time work, including weekend work if necessary, except for absences for religious observations? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to work?
Special training or skills (languages, machine operation, etc.)			
How did you learn of our organization?		Are you willing to travel to the Washington, D.C. metropolitan area? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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1	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	PLEASE DO NOT CONTACT Employer's Number(s) _____ Reason: _____
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M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
	Describe your duties and any special training	Period of Active Duty (Mos & Yr) From _____ To _____
		Rank at Discharge
		Date of Final Discharge

This information and the information requested in the supplemental questionnaire is needed for a legally permissible reason, including, without limitation, a legitimate occupational qualification or business necessity related to the employment of individuals at financial institutions who have or may have access to the funds and personal information of account holders. Federal law prohibits discrimination because of race, color, sex, pregnancy, age, national origin, religion, non-disqualifying physical or mental disability, history of military service, citizenship status, gender identity or genetic information. Applicable state or local laws may prohibit some or all of the types of discrimination barred by federal law, and may also prohibit additional types of discrimination such as marital status and sexual orientation. LCFCU complies with all applicable federal, state and local laws with respect to the prohibition of discrimination in employment.

1. How long have you lived at present address? _____
2. Previous address _____ How long? _____
3. Have you ever been bonded? _____ If yes, on what jobs? _____
 Have you ever been refused a bond? Yes ____ No ____
4. Are you over 18 years of age? Yes ____ No ____

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand the falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment. If offered employment, I agree to conform to the rules and regulations of LCFCU. I understand that my employment will be on an at will basis, and as such it can be terminated, with or without notice, at any time, at my option or LCFCU's option. I further understand that no Human Resource Department interviewer or other representative of LCFCU, other than the President, has an authority to enter into any agreement to the contrary.

I understand that the information on this application is subject to verification and specifically authorize my previous employer(s) to release any information, in any form, to either a LCFCU Human Resource Department representative or the LCFCU retained investigative reporting agency representative. All previous employer(s) will be held harmless for providing information which is matter of record and in accordance with the District of Columbia and federal employment law(s) and regulation(s).

I understand that if at any time I have a question about LCFCU's rules and regulations, I should consult with my supervisor or the CEO.

Applicant Signature/Authorization _____ Date _____

APPLICATION FOR EMPLOYMENT - SUPPLEMENTAL QUESTIONNAIRE

Name

Date

Location (DC or MD)

Position applied for

Please respond to the following questions, providing detailed answers:

1. Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your previous employer(s) when absent or any other attendance related reasons?

Yes No If yes, please explain:

2. Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses?

Yes No If yes, please explain:

3. Have you ever been disciplined or discharged for fighting, assault or related offenses?

Yes No If yes, please explain:

4. Have you ever been disciplined or discharged for insubordination?

Yes No If yes, please explain:

5. Have you ever been disciplined or discharged for violating a safety rule(s)?

Yes No If yes, please explain:

Thank you for your cooperation. All the above information is subject to review/verification by previous employer(s). Any falsification of the above information is grounds for immediate termination by Library of Congress Federal Credit Union. I fully understand the above questions and authorize Library of Congress Federal Credit Union to verify any/all the above information.

Applicant Signature

Date

CEO or Authorized Representative

Date

Please Email, Fax or Mail your Employee Application, Consumer Report and Resume:

- Email: jobs@lcfcu.org
- Fax to: 202-252-3506
- Mail to: Library of Congress FCU
ATTN: Human Resources
8100 Professional Place, Suite #308
Hyattsville, Maryland 20785