

SUMA FEDERAL CREDIT UNION EMPLOYMENT APPLICATION

Instructions:

- Please complete entire form indicating "n/a" for any question that is not applicable
- Attach resume or additional pages, if any, to the application package
- Carefully read and sign the last page of the application form

The application may be:

- Emailed securely.
 Send to hr@sumafcu.org with the subject title "Secure My Resume".
- Delivered by hand to any branch manager of SUMA FCU
- Mailed to the address below:

Place the completed and signed application into a sealed envelope marked "Personal and Confidential" and addressed to:

SUMA FCU Attn: Ihor Makarenko 125 Corporate Boulevard Yonkers, New York 10701



Employment Application (please print clearly)

First Nam	e:		Middle:			_ Last Name: _	
Date:	1	1					
Permaner	nt Address:						
Mobile Nu	ımber:			E-Mail	Address	:	
			Job	Intere	st		
Position A	applied For:						
Days of th	ne Week:						
Hours Ava	ailable:						
Availabilit	y to Start:						
Referral S	Source:						
What lang	juages can y	ou speak and unde	erstand:				
Do you ha	ave any relati	ves employed by S	SUMA FCU?	Yes		No	
If yes, ple	ase list:						
		mployed by us befo			No		
Have you	ever applied	for a position with	the credit uni	ion before	?	Yes	No
Are you a	bove the min	imum working age	of 18?	Yes		No	
Are you le	gally permitt	ed to work in this c	ountry?	Yes		No	
Have you	ever been co	onvicted of a felony	/? Yes		No		
If yes, ple	ase explain:						

A positive response is not an automatic bar to employment with the company.

The offense for which the person was convicted in relation to the position to which they have applied will be considered.



Professional References (if available)

Please list three references below, excluding relatives and former employers

Name & Address	Employer, Title & Business Telephone	Home Telephone	Relationship/ Years Known
	Inter		
e the space below to descr u for a position with us. Yo	ibe your interests in SUMA FCU an u may wish to include participation i	d the skills, aptitudes and spe in civic, professional and/or c	ecial training that you feel qualify ommunity activities:
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e the space below to descr u for a position with us. Yo Type	u may wish to include participation i	in civic, professional and/or c	Graduated? (Yes, No or Enrolled)
u for a position with us. Yo	u may wish to include participation i	in civic, professional and/or co	Graduated?
u for a position with us. Yo	u may wish to include participation i	in civic, professional and/or co	ommunity activities: Graduated?
u for a position with us. Yo	u may wish to include participation i	in civic, professional and/or co	ommunity activities: Graduated?



Employment History
Fill out if not including a separate Resume/CV
(List previous employers, beginning with most recent)

Address:			
Phone Number:			
Supervisor:	Supervisor Title:	-	
Position:	Full Time	Part Time	Temporary
Dates Employed: From:	To:		
Your Title and Duties:			
Reason for Leaving:			
May we contact? Yes No			
Company Name:			
Address:			
Phone Number:			
Supervisor:			
Position:		Part Time	Temporary
Dates Employed: From:			
Your Title and Duties:			
Reason for Leaving:			
May we contact? Yes No			
Company Name:			
Company Name:Address:			
Phone Number:			
0	Supervisor Title:		
Supervisor:		Part Time	Temporary
Dates Employed: From:			
Your Title and Duties:			



BY SIGNING BELOW YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTOOD THE FOLLOWING:

Credit History Release

By completing this application, SUMA FCU has my authorization to conduct a credit report on my credit history and credit standing which will be used for employment purposes only. In the event that I am denied employment in whole or in part, because of information contained in the credit report, SUMA FCU will advise me of the adverse action and supply me with the name, address and phone number of the consumer reporting agency making the report. I acknowledge that a favorable credit history does not increase employment eligibility

Application Reference Release

I hereby authorize SUMA FCU ("the Company") to contact any company, person or educational institution I listed as a reference on my employment application. I hereby allow any company, person or educational institution I listed as a reference on my employment application to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage rates and personal attributes. I agree to release and discharge SUMA FCU and SUMA FCU successors, employees, officers and company, claims, liabilities, and causes of action, known or unknown, fixed or contingent, for providing or receiving any information regarding my qualifications for employment. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

At Will Employment Release

I acknowledge and understand that my employment with SUMA FCU ("the Company") is "at will". This means that either SUMA FCU or the employee may terminate the employment relationship, with or without notice, for any reason, with or without cause. I understand that at will status can only be changed through a written agreement duly authorized and executed by the President of SUMA FCU. Nothing in the Company handbook or any other Company document or statement will be considered as creating guaranteed or continued employment, termination for cause, or any other guarantee or continued benefits. I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard.

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

This application is current and active for only sixty days. At the conclusion of this time, if I have not had any contact from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

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Application Signature:	 Date:	/	1	