First Federal Savings & Loan Association of Central Illinois

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information	
Last Name:	First Name, M.I.:
Social Security Number:	18 years of age or older? ☐ Yes ☐ No
Address 1:	
Address 2:	
City:	State, Zip:
Home Phone:	E-mail Address:
Referred By:	Today's Date:

Employment Desired	
Position:	
Start Date:	Salary Desired:
Are you currently employed?	Can we contact your current employer?
Have you applied here before?	If so, when and where?

Education	
Grammar School (Name and Location):	
Graduated?	
Subjects Studied and Degree(s):	
High School (Name and Location):	
Last Year Completed:	Graduated?
Subjects Studied and Degree(s):	
College (Name and Location):	
Last Year Completed:	Graduated?
Subjects Studied and Degree(s):	
Technical or Vocational School (Name and Location):	
Last Year Completed:	Graduated?
Subjects Studied and Degree(s):	

General
Subjects of Special Study or Research Work:
Job Related Skills (typing, driver's license, etc.):

Former Employers	
Start Date:	End Date:
Position:	Salary:
Reason for Leaving:	
Name of Employer:	
Address 1:	
Address 2:	
City:	State, Zip:
Start Date:	End Date:
Position:	Salary:
Reason for Leaving:	
Name of Employer:	
Address 1:	
Address 2:	
City:	State, Zip:
Start Date:	End Date:
Position:	Salary:
Reason for Leaving:	
Name of Employer:	
Address 1:	
Address 2:	
City:	State, Zip:

References	
Name:	Phone Number:
Position:	Years Acquainted:
Address 1:	
Address 2:	
City:	State, Zip:
Name:	Phone Number:
Position:	Years Acquainted:
Address 1:	
Address 2:	
City:	State, Zip:

If you are hired, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the employer.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the financial institution. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the financial institution unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the financial institution and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the financial institution the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the financial institution's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the financial institution to hire. If hired, I agree to abide by all financial institution work rules, policies, and procedures. The financial institution retains the right to revise its policies or procedures, in whole or in part, at any time.

I understand that any employment is conditioned on a background check. I authorize the financial institution to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the financial institution without giving me prior notice of such disclosure. In addition, I release the financial institution, any former employers, and all references listed in this application from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

Signature:	Date: