



125 Corporate Boulevard
Yonkers, NY 10701
Call/Text: 914.220.4900
www.sumafcu.org

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 florida@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 (Florida)
Attn: Ihor Makarenko
125 Corporate Boulevard
Yonkers, New York 10701



Employment Application (please print clearly)

First Name: _____ Middle: _____ Last Name: _____

Date: ____ / ____ / ____

Permanent Address: _____

Phone Number: _____

Mobile Number: _____ E-Mail Address: _____

Job Interest

Position Applied For: _____

Days of the Week: _____

Hours Available: _____

Availability to Start: _____

Referral Source: _____

What languages can you speak and understand: _____

Do you have any relatives employed by SUMA FCU? Yes No

If yes, please list: _____

Have you ever been employed by us before? Yes No

If yes, when? _____

Have you ever applied for a position with the credit union before? Yes No

If yes, when and for what position? _____

Are you above the minimum working age of 18? Yes No

Are you legally permitted to work in this country? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please 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

Interests

Use the space below to describe your interests in SUMA FCU and the skills, aptitudes and special training that you feel qualify you for a position with us. You may wish to include participation in civic, professional and/or community activities:

Education

Type	Name & Location	Course of Study	Graduated? (Yes, No or Enrolled)



Employment History

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

Company Name: _____

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: _____

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: _____

Supervisor Title: _____

Position: _____

Full Time Part Time Temporary

Dates Employed: From: _____

To: _____

Your Title and Duties:

Reason for Leaving: _____

May we contact? Yes No



125 Corporate Boulevard
Yonkers, NY 10701
Call/Text: 914.220.4900
www.sumafcu.org

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 I-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.

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.

Application Signature: _____ Date: ____/____/____