



Application for Employment
First Castle Federal Credit Union

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____
Last First M.I.

Street Address _____

City _____ State _____ Zip _____

Telephone _____

How long at this address _____

Type of work for which you wish to be considered _____

What source led you to make application with us? _____

Covington Branch Phone: 985-867-8867 • Toll Free: 888-441-2411 • Fax: 985-875-1952
New Orleans Branch Phone: 504-862-2561 • Fax: 504-862-1648
Slidell Branch Phone: 985-643-1933 • Fax: 985-646-0073
 Web Site: www.firstcastlefcu.org • Email Address: netbranch@firstcastlefcu.org

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

If you served in the United States Armed Forces, briefly describe the skills you acquired: _____

Personal Information

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

A conviction does not automatically bar you from employment

Yes No If yes, include details _____

Has your license ever been revoked or suspended? Yes No

If you are an experienced operator of any office machines or equipment, please list:

Do you have any other skills you wish to mention? _____

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

If hired, when would you be available? _____

What are your salary requirements? _____

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References

LIST THREE PROFESSIONAL REFERENCES: **For additional references, please attach a separate sheet*

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

Name _____

Occupation _____

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I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself. I understand that if offered a position, I may be required to submit to a pre-employment drug screen. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of a drug screen may result in the withdrawal of any employment offer or termination of employment if already employed. I agree, authorize and consent to the procurement of any investigative report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation and/or personal characteristics. I further authorize the Company to pull my credit report at any time during the term, if any, of my employment.

Any controversy or claim arising out of or relating to this application and/or my employment with Company shall be settled by binding arbitration. I further agree that any such arbitration shall take place in St. Tammany Parish, Louisiana. Judgment upon any award rendered by the arbitrator may be entered by any court having jurisdiction thereof. The arbitrator shall determine the prevailing party, and the costs and expenses of the arbitration proceeding, including the arbitrator's fees, shall be borne by the non-prevailing party, unless otherwise required by law. Any and all arbitration under this contract will take place on an individual basis; class arbitrations and class actions are not permitted. I AGREE AND ACKNOWLEDGE THAT I AM WAIVING THE RIGHT TO TRIAL BY JURY AND TO PARTICIPATE IN A CLASS ACTION.

I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON

Signature _____ Date _____

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