

Keystone United Methodist Federal Credit Union Employment Application

Please print this form, fill it out and fax to **(724)776-1377**

[Fillable Form](#)

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 Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information:	
Last Name:	First Name, M.I.:
Social Security #:	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:
Currently Employed?: Yes No	Can we contact your current employer?: Yes No
Have you applied here before?: Yes No	If so when and where?:

Education:	
Grammar School (Name and Location):	
Graduated?: Yes No	
Subjects Studied and Degree(s):	
High School (Name and Location):	
Last Year Completed: 1 2 3 4	Graduated?: Yes No
Subjects Studied and Degree(s):	
College (Name and Location):	
Last Year Completed: 1 2 3 4	Graduated?: Yes No
Subjects Studied and Degree(s):	
Technical or Vocational School (Name and Location):	
Last Year Completed: 1 2 3 4	Graduated?: Yes No
Subjects Studied and Degree(s):	

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

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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:
Signature:	Date: