EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, creed, national origin, ancestry, alienage or citizenship status, age, disability, gender (including pregnancy, childbirth and related medical conditions), sexual orientation, genetic information/characteristics, veteran or military status, marital status, or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, unless the accommodation would impose an undue hardship on the operation of our business, in accordance with applicable federal, state and local law. If you believe you require such assistance to complete this form or to participate in the interview process, please contact Human Resources at 585-544-9518 or hr@ukrainianfcu.org.

THIS EMPLOYMENT APPLICATION IS NOT AN EMPLOYMENT CONTRACT.

| CENEDAL INFORMATION | | | | |
|--|-----------------|------------------------------------|--|--|
| GENERAL INFORMATION | | | | |
| LAST NAME FIRST NAME M.I. | DATE_ | DHONE | | |
| STREET ADDRESS | PRIMARY | PHONE | | |
| CITY AND STATE ZIP CODE | OTHER PH | ONE (if applicable) | | |
| ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9. | | | | |
| IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT OR OTHER APPROPRIATE DOCUMENTATION? Yes No Have you ever had any bond coverage modified or revoked, or has any application for a bond been declined? Yes No | | | | |
| EMPLOYMENT INFORMATION | | | | |
| POSITION DESIRED HOURS AVAILABLE ARE YOU WILLING TO WORK OVERTIME? | | | | |
| SALARY/RATE DESIRED HOURS DESIRED | | | | |
| HAVE YOU EVER BEEN EMPLOYED BY US? Yes No If yes, give date, location, title, name of supervisor and reason for leaving. | | | | |
| HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? Yes No If yes, give date. | | | | |
| PROFESSIONAL REFERENCES | | | | |
| PLEASE LIST THE NAMES, EMAIL ADDRESSES AND TELEPHONE NUMBERS OF TWO PROFESSIONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES. | | | | |
| EDUCATIONAL HISTORY | | | | |
| NAME AND LOCATION | COURSE OF STUDY | DEGREE/DIPLOMA/ GED (Yes or No) | | |
| HIGH SCHOOL/GED | | | | |
| COLLEGE | | | | |
| GRADUATE SCHOOL | | | | |
| OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE) | | | | |

| EMPLOYMENT HISTORY | | | | |
|---|--|---|------------------|--|
| | on: Please print and list all prior employers, b | | | |
| sheets to this application if necessary EMPLOYER (first most recent) | y. Complete all requested information in full. | DO NOT include overtime, bonus, commission EMPLOYER (second most recent | | |
| Address | | Address | τ) | |
| Address | | Address | | |
| City | State | City | State | |
| Dates Employed | | Dates Employed | | |
| From | To | From | To | |
| Supervisor | Phone | Supervisor | Phone | |
| Positions Held | Base Rate of Pay | Positions Held | Base Rate of Pay | |
| Duties | | Duties | | |
| Reason For Leaving | | Reason For Leaving | | |
| EMPLOYER (third most recent) | | EMPLOYER (fourth most recent | | |
| Address | | Address | | |
| City | State | City | State | |
| Dates Employed | | Dates Employed | | |
| From | To | From | То | |
| Supervisor | Phone | Supervisor | Phone | |
| Positions Held | Base Rate of Pay | Positions Held | Base Rate of Pay | |
| Duties | | Duties | | |
| Reason For Leaving | | Reason For Leaving | | |

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? YES ______NO ____

IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.

APPLICANT'S STATEMENT AND CERTIFICATION

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand and agree that any omission, misrepresentation, false or incomplete statement by me of any fact from or on this application or during any interview may cause Ukrainian Federal Credit Union to eliminate me from further consideration for employment, or, if hired, to may lead to disciplinary action, up to and including immediate termination of my employment, whenever it is discovered.

Unless I noted otherwise, and to the extent permitted by federal, state or local law, I authorize Ukrainian Federal Credit Union to verify all statements contained in this application and/or my resume, to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize Ukrainian Federal Credit Union to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. To the extent permitted by federal, state and local law, I hereby release Ukrainian Federal Credit Union and all affiliated persons and entities, as well as any person or institution that provides Ukrainian Federal Credit Union with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

I understand that any hiring decision is contingent upon my successful completion of all of Ukrainian Federal Credit Union lawful preemployment checks, which may include a background check. I agree to execute any consent forms necessary for Ukrainian Federal Credit Union to conduct its lawful pre-employment checks.

I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment with Ukrainian Federal Credit Union is on an at-will basis, unless otherwise prohibited by state law, which means that my employment may be terminated with or without cause and with or without notice at any time, at the will of Ukrainian Federal Credit Union or me. I further understand that no representative or agent of Ukrainian Federal Credit Union, other than the CEO has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the CEO.

I agree to comply with and acknowledge the procedures, policies and practices of Ukrainian Federal Credit Union in accordance with applicable law. In addition, I understand that Ukrainian Federal Credit Union and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

If hired, I understand that proof of authorization to work in the U.S. will be required in accordance with applicable law. I further understand, if hired, **Ukrainian Federal Credit Union** may request that I execute other documents (including, but not limited to, agreements regarding training, trade secrets, confidential information and conflicts of interest).

Ukrainian Federal Credit Union considers this employment application to be a part of the personnel record.

I understand that if offered employment, my employment with Ukrainian Federal Credit Union may be subject to any or all of the following, depending on the job position and in accordance with applicable law: successful completion of a post-offer/pre-employment drug test, a review of references, a consumer report/background check and collection and review of other background information including criminal conviction information, all in accordance with applicable law. I understand that I may be required to complete necessary consent forms in order for Ukrainian Federal Credit Union to conduct post-offer/pre-employment background checks and/or a pre-employment drug test. I understand that Ukrainian Federal Credit Union recommends that I do not resign from my current job until satisfactory post-offer, pre-employment check results are received.

CALIFORNIA PUBLIC RECORDS DISCLOSURE

I acknowledge that in connection with my application for employment or subsequent employment, Ukrainian Federal Credit Union may collect, assemble, evaluate, compile, report, transmit, transfer or communicate information on my character, general reputation, personal characteristics or mode of living which are matters of public record without using a third party investigative consumer reporting agency. Matters of public record are defined as records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

I understand that such public record information generally must be disclosed to me within seven days of the date the information is received, regardless of whether it is received orally or in writing. I understand that I may waive my right to receive such information.

By checking this box \square I hereby waive my right to any such disclosure.

FLORIDA APPLICANTS ONLY: I understand that, in accordance with Florida Statute § 443.131(3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, may seek to contest any employment benefit I might attempt to obtain as a result of my termination.

| Acknowledgement: | |
|------------------|-----------------------|
| | (Applicant Signature) |

MARYLAND LIE DETECTOR LAW – "UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR COTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100." BY SIGNING THE APPLICATION FORM, THE APPLICANT EXPRESSLY ACKNOWLEDGES THAT HE OR SHE HAS BEEN ADVISED OF MARYLAND LAW CONCERNING THE USE OF LIE DETECTOR OR SIMILAR TESTS.

| Acknowledgement: | |
|------------------|-----------------------|
| | (Applicant Signature) |

MASSACHUSETTS LIE DETECTOR LAW – "IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY."

NEW JERSEY APPLICANTS ONLY: AS A CONDITION OF MY EMPLOYMENT, I AGREE TO WAIVE MY RIGHT TO A JURY TRIAL IN ANY ACTION OR PROCEEDING RELATED TO MY EMPLOYMENT OR THE TERMINATION OF MY EMPLOYMENT WITH Ukrainian Federal Credit Union. I AM WAIVING MY RIGHT TO A JURY TRIAL VOLUNTARILY AND KNOWINGLY AND FREE FROM COERCION. I UNDERSTAND THAT I HAVE A RIGHT TO CONSULT WITH A PERSON OF MY CHOOSING, INCLUDING AN ATTORNEY, BEFORE SIGNING THIS APPLICATION.

NEW YORK APPLICANTS ONLY: If an offer for employment is presented, and with consent, Ukrainian Federal Credit Union performs thorough background checks. A criminal conviction will not necessarily exclude a candidate from consideration. Rather, each situation will be assessed on an individual basis, consistent with applicable law.

OREGON LIE DETECTOR LAW – IT IS UNLAWFUL IN OREGON TO REQUIRE A POLYGRAPH TEST AS A CONDITION OF EMPLOYMENT OR CONTINUATION OF EMPLOYMENT.

Washington Lie Detector Law – It shall be unlawful for any person, firm, corporation, or the state of Washington, its political subdivisions, or municipal corporations to require, directly or indirectly, that any employee or prospective employee take or be subjected to any lie detector or similar tests as a condition of employment or continued employment.

Washington Genetic Screening Law- It shall be unlawful for any person, firm, corporation, or the state of Washington, its political subdivisions, or municipal corporations to require, directly or indirectly, that any employee or prospective employee submit genetic information or submit to screening for genetic information as a condition of employment or continued employment.

| APPLICANT SIGNATURE | | | | |
|---|--------------|--|--|--|
| By signing below, I declare that I have read and agree to the above statements contained in this Applicant Statement and Certification. | | | | |
| | | | | |
| Signature | | | | |
| | | | | |
| Print Name | Today's Date | | | |