

EMPLOYMENT APPLICATION

An equal opportunity employer

We are an Equal Opportunity Employer to the full extent of all applicable laws and do not discriminate on the basis of race, color, religion, national origin, citizenship, sex, age, marital status, height, weight, handicap or any other basis prohibited by law.

PLEASE FILL OUT APPLICATION COMPLETELY.

TODAY'S DATE	PHONE NUMBER () ()	ALTERNATE PHONE NUMBER () ()
LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS	CITY	STATE ZIP CODE
PREVIOUS ADDRESS	CITY	STATE ZIP CODE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE THAT ISSUED DRIVER'S LICENSE

POSITION APPLIED FOR (BE SPECIFIC)

1. _____ 2. _____

Note: If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States.

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

DO YOU NEED FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU CONSIDER PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF HOURS DESIRED PER WEEK: _____	RATE OF PAY EXPECTED PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR
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HAVE YOU EVER APPLIED HERE BEFORE? YES NO HAVE YOU EVER WORKED HERE BEFORE? YES NO

IF YES, LIST DATES: _____

WHAT OTHER EMPLOYMENT OR "SIDE LINE" BUSINESS DO YOU HAVE? _____

WOULD YOU WANT TO CONTINUE THIS IF EMPLOYED BY US?
 YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO *(A conviction will not automatically bar you from employment)*

IF YES, LIST DATE AND DETAILS: _____

HOW WERE YOU REFERRED TO US? EMPLOYEE NAME: FRIEND SCHOOL NAME: AGENCY AD PAPER: OTHER EXPLAIN:

EDUCATION / COURSE OF STUDY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical, Business, or Other		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY *List below past and present employment beginning with your most recent. Include U.S. Military experience.*

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
IMMEDIATE SUPERVISOR	To:	Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK PHONE ()				
COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
IMMEDIATE SUPERVISOR	To:	Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK PHONE ()				

EMPLOYMENT HISTORY (Continued)

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start		
IMMEDIATE SUPERVISOR	To:	\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE		Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
WORK PHONE ()	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ANY PERIODS OF UNEMPLOYMENT? YES NO
IF YES, PLEASE EXPLAIN AND GIVE DATES:

PLEASE LIST ANY SKILLS, ABILITIES, HOBBIES, TRAINING, ETC. WHICH YOU FEEL MAY BE AN ASSET. (EXAMPLE: BUSINESS MACHINES, VOLUNTEER WORK, ADDITIONAL LANGUAGES, DATA PROCESSING, CLERICAL, ETC.) _____

HAVE YOU EVER BEEN COVERED BY A FIDELITY BOND? YES NO

HAVE YOU EVER BEEN DENIED FIDELITY BOND COVERAGE, HAD A BOND CARRIER IMPOSE AN INDIVIDUAL DEDUCTIBLE SPECIFICALLY ON YOU, OR HAD SUCH COVERAGE REVOKED? YES NO

IF YES TO EITHER, STATE DATES AND REASONS:

HAVE YOU HAD ANY EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN THE NATIONAL GUARD OR RESERVES? YES NO

IF YES, WHAT BRANCH? _____ RANK AT DISCHARGE _____ DATE OF DISCHARGE _____

SPECIAL TECHNICAL TRAINING:

REFERENCES (Do not list relatives or former employees)

Name	Address	Telephone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

In return for the credit union's consideration of my application for employment, I agree as follows:

- I authorize an investigation and verification of my employment, education, criminal conviction and financial record. I authorize my employer and former employers, references, medical facilities, educational institutions and any other persons contacted by the credit union to provide it with all records and information relevant to this employment application without any obligation to give me written notice thereof, and I release all such parties from all liabilities arising from such disclosures to the extent permitted by law. I also, to the extent permitted by law, (a) waive any claims against the credit union relating to such inquiries and disclosures and (b) release the credit union, its directors, officers, employees and agents from any liability which might arise from such inquiries and disclosures.
- I understand that I may be required to undertake a post offer physical examination, including a drug and alcohol test, in connection with my application for employment and I agree to do so. Such examination will be conducted by a physician or clinic selected by the credit union. I hereby authorize any such physician or clinic to release to the credit union such information derived from the examination as the credit union requires. I waive, to the extent permitted by law, any claims that I might have on account of the physical examination (including the drug and alcohol test) requirement and the release of the physical examination (including the drug and alcohol test) information to the credit union.
- I understand that the credit union will accommodate, to the extent required by law, employees with disabilities to allow access to its facilities and employment opportunities. I also understand that I have 182 days from this date, or the date I know or reasonably should know that such accommodation is needed, to file a written request for such accommodation.
- I agree that this application will be considered for a period of 30-60 days after this date. I understand and acknowledge that unless I am hired before the end of this period, this application will be null and void and any continuing interest in the credit union will require a new application.
- If employed, I agree that the credit union, at its sole discretion, may terminate my employment at its will for any reason or no reason (except for any reason which may be prohibited by applicable statute), with or without advance notice or warning, and that the credit union's decision is not reviewable outside the credit union (except as may be provided by applicable law). I understand and agree that no employee, manager, executive, board member, or other representative of the credit union, other than _____, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and _____ will be effective. I understand and agree that no other oral or written statement, policy, or practice can change the at-will nature of my employment.
- If employed, I agree to abide by all rules and regulations of the credit union.
- I agree not to begin any action or suit, not expressly waived in this application, relating to my employment with the credit union more than six months after the date of termination of such employment and I waive any statute of limitations to the contrary.

The information I have provided is true and complete and I understand any false information or material omissions is cause for rejection of this application and termination of employment no matter when discovered.

SIGNATURE _____ DATE _____

**WE WISH TO EXPRESS OUR APPRECIATION
TO YOU FOR CONSIDERING US AS A POTENTIAL EMPLOYER.**