

CREDIT UNION

Our People Make Us The BEST!

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 base 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
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LAST NAME	FIRST	MIDDLE INITIAL
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STREET ADDRESS	CITY	STATE	ZIPCODE
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PREVIOUS ADDRESS	CITY	STATE	ZIPCODE
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SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE THAT ISSUED DRIVER'S LICENSE
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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? YES NO WILL YOU CONSIDER PART TIME? YES NO

NUMBER OF HOURS DESIRED PER WEEK: _____ RATE OF PAY EXPECTED: _____
 PER: HOUR WEEK YEAR

HAVE YOU EVER APPLIED HERE BEFORE? YES NO HAVE YOU EVER WORKED HERE BEFORE? YES NO
 IF YES, LIST DATES: _____ 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 FRIEND SCHOOL AGENCY AD OTHER
 NAME: _____ NAME: _____ NAME: _____ PAPER: _____ EXPLAIN: _____

EDUCATION / COURSE OF STUDY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED
HIGH SCHOOL			YES: _____ NO: _____	
TECHNICAL, BUSINESS, OR OTHER		FROM: _____ TO: _____	YES: _____ NO: _____	
COLLEGE OR UNIVERSITY		FROM: _____ TO: _____	YES: _____ 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: \$ _____ HOUR WEEK YEAR		
IMMEDIATE SUPERVISOR	TO: _____	UPON LEAVING: \$ _____ HOUR WEEK YEAR		
WORK PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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ADDRESS	FROM:	TO START: \$ _____ _____ HOUR ___ WEEK ___ YEAR		
IMMEDIATE SUPERVISOR	TO:	UPON LEAVING: \$ _____ _____ HOUR ___ WEEK ___ YEAR		
WORK PHONE	MAY WE CONTACT THIS EMPLOYER? ___ YES ___ 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 SURETY BOND? ___ YES ___ NO

HAVE YOU EVER BEEN DENIED SURETY BOND 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 NATINOAL GUARD OR RESERVES? ___ YES ___ NO

IF YES, WHAT BRANCH? _____ RANK AT DISCHARGE _____ DATE AT 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. I also waive any claims against the credit union relating to such inquiries and disclosures and 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 any claims that I might have an 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 it's 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 accomodation is needed, to file a written request for such accomodation.
- 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 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.