

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.

Items marked with () are required fields.*

Personal Information

Social Security Number: _____ -- _____ -- _____

*First Name: _____ *Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Home _____ Work _____ Cell _____

Referred by: _____

Are you 18 years of age or older? _____ Yes _____ No

Employment Desired

Position: _____ Date You Can Start: _____

Salary Desired: _____ Are you currently employed? _____ Yes _____ No

If so, may we inquire of your present employer? _____ Yes _____ No

Have you ever applied to this credit union before? _____ Yes _____ No

If so, where? _____

If so, when? _____

Education

Grammar School

Name and Location: _____

Graduated? _____ Yes _____ No

High School

Name and Location: _____

Last Year Completed: _____ 1 _____ 2 _____ 3 _____ 4 Graduated: _____ Yes _____ No

Subjects Studied and Degree(s) Received: _____

College

Name and Location: _____

Last Year Completed: _____ 1 _____ 2 _____ 3 _____ 4 Graduated: _____ Yes _____ No

Subjects Studied and Degree(s) Received: _____

Trade, Business or Correspondence School

Name and Location: _____

Last Year Completed: _____ 1 _____ 2 _____ 3 _____ 4 Graduated: _____ Yes _____ No

Subjects Studied and Degree(s) Received: _____

General

Subjects or Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.): _____

Former Employers

List below the last three employers, starting with the most recent one first.

Start Date: _____ End Date: _____ Salary (upon leaving): _____

Reason for Leaving: _____

Name of Employer: _____

Address of Employer: _____

City of Employer: _____ State of Employer: _____ Zip of Employer: _____

Position: _____

Start Date: _____ End Date: _____ Salary (upon leaving): _____

Reason for Leaving: _____

Name of Employer: _____

Address of Employer: _____

City of Employer: _____ State of Employer: _____ Zip of Employer: _____

Position: _____

Start Date: _____ End Date: _____ Salary (upon leaving): _____

Reason for Leaving: _____

Name of Employer: _____

Address of Employer: _____

City of Employer: _____ State of Employer: _____ Zip of Employer: _____

Position: _____

References

First Name: _____ Last Name: _____

Position: _____ Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home _____ Work _____ Cell _____

First Name: _____ Last Name: _____

Position: _____ Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home _____ Work _____ Cell _____

First Name: _____ Last Name: _____

Position: _____ Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home _____ Work _____ Cell _____

Please read the following disclosure before signing and submitting this application.

If you are hired, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Authorization:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the employer.

I understand that any employment is conditioned on a background check. I authorize the financial institution to thoroughly investigate all statements contained in my application or resume, and I authorize my former employment, character and general reputation to the credit union without giving me prior notice of such disclosure. In addition, I release the financial institution, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the financial institution. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the financial institution unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the credit union and as permitted by the law. I consent to such examinations and tests, and I request that the examining doctor disclose to the financial institution the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the financial institution's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the financial institution to hire. If hired, I agree to abide by all financial institution work rules, policies and procedures. The financial institution retains the right to revisit its policies or procedures, in whole or in part, at any time.

Signature: _____ **Date:** _____