



Application For Employment

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 print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name _____

Address _____		City _____	State _____	Zip _____
Phone Number _____	Mobile Number _____	Email Address _____		

Are You Currently Authorized to Work in the United States? Yes No Are You at Least 18 Years of Age? Yes No

Are You A U.S. Citizen?
Yes No

Have You Ever Been Convicted Of A Crime?
If Yes, List Date and Details:
Yes No

How Were You Referred To Us? _____

Position

Position(s) You Are Applying For _____		Available Start Date _____
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Number Hours Desired Per Week: _____	Desired Pay: \$ _____/hour
Have You Ever Applied Here Before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, List Dates: _____	Have You Ever Worked Here Before? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	

Education

Type of School	School Name	Location	Years Attended	Degree Received
High School				
Technical, Business, or Other				
College or University				
Other				

References (Do not list relatives or former employers)

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Any Periods Of Unemployment? Yes No
If Yes, Please Explain And Give Dates:

Please List Any Skills, Abilities, Hobbies, Training, Etc. Which You Fell 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

Signature Disclaimer

PLEASE READ THE FOLLOWING AND SIGN BELOW:

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

1. I authorize an investigation and verification of my employment, education, criminal convictions and credit report. 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 record 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.
2. 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.
3. 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 will be required to file a written request for an accommodation on the date I know or reasonably should know that such accommodation is needed.
4. If employed, I agree that the credit union, at its sole discretion, may terminate my employment at its will for any reason for no reason (except for any reason which 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 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.
5. If employed, I agree to abide by all policies, rules and regulations of the credit union, as well as the rules and regulations that govern the credit union's operations.
6. 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 provide 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.

Name (Please Print)

Signature

Date