Name:

Last

Middle

Applicants are considered for sought positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.



APPLICATION FOR EMPLOYMENT

I understand this application will be given consideration, but its receipt does not imply that I will be employed. If I should become employed by the Credit Union, I agree to be subject to all rules and regulations governing Credit Union personnel.

I hereby affirm that to the best of my knowledge, all information I am furnishing is true and correct. I understand that if any information requested in this application is false or omitted with the effect of misrepresentation, it will be sufficient grounds for my immediate termination from the employ of the Credit Union.

This application becomes void after sixty (60) days unless renewed by applicant.

Date

Signature of Applicant

APPLICANT DATA RECORD

	Last Name First Middle	Date
P	Street Address	Home Phone ()
E R	City, State, Zip	Business Phone ()
	Position Desired:	Pay Expected
S O	Have you ever applied for employment with us? Yes No If Yes: Month and Year Location	Social Security Number
N	The Credit Union's general work hours are from 8:15 a.m. to 5:45 p.m. Monday - Friday, and 8:45 a.m. to 1:15 p.m. on Saturday. Are you available to work during these hours? Yes No	Will you work overtime if asked? Yes No
A	Are you legally eligible for employment in the United States? Yes No (Proof of citizenship or immigration status will be required upon employment.)	When will you be available to begin work?
L	Other special training or skills (languages, machine operation, etc.) relevant to the po	sition for which you are applying:
	Why are you seeking employment with the Credit Union?	

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Pay (Circle): Hourly/Monthly/Annually Start Last
State Job Title and Describe Your Work	Reason for Leaving

	Company Name	Telephone ()
2	Address	Employed (State Month and Year) From To
	Name of Supervisor	Pay (Circle): Hourly/Monthly/Annually Start Last
	State Job Title and Describe Your Work	Reason for Leaving

	Company Name	Telephone ()
3	Address	Employed (State Month and Year) From To
	Name of Supervisor	Pay (Circle): Hourly/Monthly/Annually Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()	
	Address	Employed (State Month and Year) From To	
	Name of Supervisor	Pay (Circle): Hourly/Monthly/Annually Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT: Employer	
	Reason:	

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DE DIP
College				Yes No	
High				Yes No	
Elementary				Yes No	
Other				Yes No	
	had any job-related training in the U.S any special training relevant to the pos				1

T	Check the appropriate blank to indicate proficiency in the use of the following equipment. List how skill was acquired (school, on-the-job, etc.). Skill tests may be used to confirm these responses.			
R		Teller Machine	Computers	
A		Teller Programs	Operating System Programming	
I		Calculator	Word Processing	
N		Typewriter/Keyboard	Spreadsheet Software	
I		Office Equipment	Office Software	
		Other (List)	Other (List)	
N				
G				

GENERAL INFORMATION
Have you ever been employed by a financial institution (bank. savings/loan organization, or credit union) in the past? Yes No
If the answer is yes, list employer name(s), position(s) held and duties performed in each:
Have you ever been bonded? Yes No Refused bond? Yes No If yes, state reason:
Have you ever been discharged or requested to resign from a position? Yes No If yes, provide employer name(s), position(s) held, and explain the circumstances of each termination:
Have you ever held a position of trust (handling money or confidential information)? Yes No If yes, provide employer name(s), position(s) held, and explain why each job ended:
Does your present employer know you plan an employment change? Yes No Why do you desire to change employment?
REFERENCES Give the following information for persons who have known you for at least one year, who are neither relatives nor former employers. NAME AND OCCUPATION:

ž

Address, Zip and Phone

1.

2.

3.

Address, Zip and Phone

Address, Zip and Phone