

Application for Employment

OUR Credit Union is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or veteran status; disability; genetic status, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Employee Information

Name

First Name

Last Name

Address

Street

Apt. #

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Position(s) applied for

1. Have you filed an application here before? Yes No If yes, give date:

2. Have you been employed here before? Yes No If yes, give date:

3. Are any of your relatives presently employed with the Company? Yes No

3a. If yes, please provide names of relatives, their positions, and departments.

4. Have you ever had bond coverage in the past as an employee? Yes No

4a. If yes, have you had bond coverage modified, revoked or declined? Yes No

4b. If yes, please explain.

5. Are you employed now? Yes No What date would you be available for work?

6. Wage expected?

7. Are you available to work? Full time Part time

8. Were you referred to us by a current employee? Yes No
If Yes, by whom:

Education

	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree			
Honors Received			
Describe Course of Study			

Employment Experience

List all of your work experience including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer:

Telephone:

Address:

Job Title:

Supervisor:

Dates Employed: From To

Salary: Starting Final

Reason for Leaving:

Work Performed:

May We Contact This Employer? Yes No If no, why not?

Employer:

Telephone:

Address:

Job Title:

Supervisor:

Dates Employed: From To

Salary: Starting Final

Reason for Leaving:

Work Performed:

May We Contact This Employer? Yes No If no, why not?

Employer:

Telephone:

Address:

Job Title:

Supervisor:

Dates Employed: From To

Salary: Starting Final

Reason for Leaving:

Work Performed:

May We Contact This Employer? Yes No If no, why not?

Employer:

Telephone:

Address:

Job Title:

Supervisor:

Dates Employed: From To

Salary: Starting Final

Reason for Leaving:

Work Performed:

May We Contact This Employer? Yes No If no, why not?

Skills/Training

Please summarize your job-related skills or specialized training:

List job-related special accomplishments, publications, and awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

Acknowledgements

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize the Company to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the Company. I also release the Company from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT AT THE COMPANY IS "AT-WILL" AND MAY BE TERMINATED BY ME OR BY THE COMPANY AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE BY THE COMPANY AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO COMPANY REPRESENTATIVE HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

Signature

Date

Applicant Voluntary Survey

Our Company is required by law to maintain an affirmative action program and to collect information regarding the race, sex, national origin, disability, or veteran status of applicants. To assist us in our governmental recordkeeping requirements, we would appreciate your completion of this data form. **Your cooperation is voluntary. The information supplied will be kept confidential and will be used to improve our recruiting efforts and support our commitment to diversity in the workplace.** If you choose to volunteer the requested information, the data will be physically separated from the remainder of the job application before the application is considered for possible employment. The information will be kept in a confidential file separate from your application for employment.

Thank you for your cooperation!

Name

Date

Position(s) applied for

Sex:

Male Female

Ethnic Background:

American Indian/Alaskan Native Asian/Pacific Islander

Black Hispanic White

Disabled Yes No

Veteran Status:

Veteran: Yes No

If yes, period of service: From _____ To _____

Are you a disabled veteran? Yes No

Referral Source:

- | | |
|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Job Hotline |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> State Employment Service | <input type="checkbox"/> College/University Job Placement Office |
| | Please indicate which University: |
| <input type="checkbox"/> Company Employee | <input type="checkbox"/> Social Service Agency/Organization |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Other |

Our Company Is An Equal Opportunity Employer