

## **APPLICATION FOR EMPLOYMENT** (AN EQUAL OPPORTUNITY EMPLOYER)

## DATE \_\_\_\_\_

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The Credit Union does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, age, ancestry, marital status, or physical handicap. No question on this application is intended to secure information to be used for such discrimination.

The application will be given every consideration, but its receipt does not imply that the applicant will be employed. This employment application and other Credit Union documents are not contracts of employment. Any individual who is hired may voluntarily leave employment, and may be terminated by the Credit Union at any time and for any reason. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Name						
First	t	Middle		Last		
Address						
Nun	nber	Street	City		State	Zip Code
Length of ti	me at this addr	ess			Telepł	none Number
Last previou	us address with	in the United States	:			
Number	Street	City	State	Zip Code	Dates:	From-To
Have you e	ver worked for	or applied for emple	oyment with	this Credit U	nion?	_YESNO
IF YES: M	onth and Year _					
Type of wo	rk desired:	_Full-TimePa	rt-Time, day	s available: M	ITWTh	F S (circle)
Position So	ught					
Date Availa	ıble		_ Salary Req	uirements		

## PLEASE ANSWER EVERY QUESTION. USE INK. PLEASE PRINT

Are you legally eligible for employment in the United States? \_\_\_\_\_YES \_\_\_\_NO (*If offered employment, you will be required to provide documentation to verify eligibility.*)

### **EMPLOYMENT**

Starting with present or most recent, list all previous employers. List only employers located within the United States. Include self-employment, summer employment, part-time jobs and US Military Service.

Employer	_ Address
Phone	Position
Dates of Employment: From	_То
Supervisor	Department
Describe work duties performed	
FT PT Number of hours Reason for Leaving	
	_ Address
Phone	_ Position
Dates of Employment: From	_То
Supervisor	Department
FT PT Number of hours _	
Reason for Leaving	

Employer		Address
Phone		Position
Dates of Employmer	nt: From	_То
Supervisor		Department
FT PT		
		Address
Phone		_ Position
Dates of Employmer	nt: From	_То
Supervisor		Department
FT PT		
		ie on a separate sheet.
May we contact your	r present employer?	YESNO Former employer?YESNO
If any employment w	vas under a different	t name, indicate name:
If presently employe	d, why do you desir	e to change your position?

## **EDUCATION**

High School	I: Number of	of years co	mpleted (cire	cle one) 1	234	
Diploma	YES	NO	GED	YES	NO	
Name of Scl	-					
					npleted (circle	
Name of Scl						 
Major					Earned	
Other Train	ning or Deg					
Name of Scl	-					
					e/Certificate	 
Professional	l License o	r Member	ship:			
Type of Lice	ense(s) Helc	l				 
Other Profes	sional Men	berships _				

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age disability, marital status, veteran status or any other protected status.)

# Do not leave this section blank. Please write.

### **General Information**

Use the space provided below to describe your interest and goals in banking and the skills/aptitudes that you feel qualify you for a position at the credit union. List any skills or special training in office machines, accounting, data processing, etc.

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, contact the personnel representative before signing.

I certify that the previous answers are correct to the best of my knowledge and I understand that misrepresentation in this application will be cause for rejection of application or dismissal from employment. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

I acknowledge that I have read the previous statements and understand them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Please List 3 Business References**

Name:	
Address:	
Phone:	
Relationship:	
Name:	
Address:	
Phone:	
Relationship:	
Name:	
Address:	,
Phone:	
Relationship:	