

MEMBERS' ADVANTAGE CREDIT UNION

APPLICATION FOR EMPLOYMENT

Our Company is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or veteran status; medical condition, disability; 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.

Name _____
Last First Middle

Address _____
Street Apt. # City State Zip Code

Telephone () _____ Social Security Number _____

Driver's License Number (if job related) _____ State _____ Exp. Date _____

Position(s) applied for: _____

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

Have you been employed here before? ☐ Yes ☐ No If yes, give date: _____

Are you employed now? ☐ Yes ☐ No On what date would be available for work? _____

Are you available to work ☐ Full time ☐ Part time ☐ Shift work ☐ Temporary

Are you fluent in any foreign language (if applicable)? List: _____

Are you over the age of 18? ☐ Yes ☐ No

Have you been convicted of a felony or misdemeanor other than moving traffic violations?

☐ Yes ☐ No

Have you ever had any Bond coverage modified, revoked or declined? Yes__ No__

If yes, please complete the following (a conviction record will not necessarily be a bar to employment):

Conviction: _____ Location _____ Date _____

Result or outcome: _____

OUR COMPANY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

E D U C A T I O N

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

E M P L O Y M E N T E X P E R I E N C E

*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: _____

Employer _____ Telephone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: *From* _____ *To* _____

Salary: *Starting* _____ *Final* _____

Reason for leaving: _____

Work Performed: _____

Employer _____ Telephone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Salary: Starting _____ Final _____

Reason for leaving: _____

Work Performed: _____

Employer _____ Telephone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Salary: Starting _____ Final _____

Reason for leaving: _____

Work Performed: _____

Please summarize your job-related skills or specialized training: _____

REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

<i>Name</i>	<i>Occupation</i>	<i>Home Phone</i>	<i>Daytime Phone</i>
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_____	_____	_____	_____
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_____	_____	_____	_____
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List job related professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List job-related special accomplishments, publications, 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.

ACKNOWLEDGEMENT

I understand that no employment offer is being made by the Company at this time. 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.

I authorize the Company to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to the Company.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 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.

I understand that if I am hired, my employment at the Company is "at-will" and may be terminated by myself or by the Company at any time for any reason, with or without cause or notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

Signature

Date

Rev.

AUTHORIZATION TO RELEASE INFORMATION

I authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other person or organization having relevant information about me to furnish it to the Company, and/or its agents in connection with an application for or retention of employment.

I agree not to assert any claims or causes of action against all persons and corporations supplying this information to the Company and/or its agents. A photocopy of this authorization is as effective as the original.

Signature

Date