



## APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

### Applicant Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position Sought: \_\_\_\_\_  Full Time  Part Time Desired Wage/Salary \$ \_\_\_\_ /hr.

On what date would you be available for work, if hired? \_\_\_\_\_

#### Availability (if seeking part time):

- Monday:  Available \_\_\_\_ to \_\_\_\_  not available \_\_\_\_ to \_\_\_\_
- Tuesday:  Available \_\_\_\_ to \_\_\_\_  not available \_\_\_\_ to \_\_\_\_
- Wednesday:  Available \_\_\_\_ to \_\_\_\_  not available \_\_\_\_ to \_\_\_\_
- Thursday:  Available \_\_\_\_ to \_\_\_\_  not available \_\_\_\_ to \_\_\_\_
- Friday:  Available \_\_\_\_ to \_\_\_\_  not available \_\_\_\_ to \_\_\_\_
- Saturday:  Available \_\_\_\_ to \_\_\_\_  not available

• Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  Yes  No

• Have you ever been convicted of a felony?  Yes  No

If yes, please describe the circumstances:

---

---

• Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No

If yes, please describe the circumstances:

---

---

• If selected for employment, are you willing to submit to a pre-employment drug screening test?  Yes  No

• Have you ever worked for the Credit Union before?  Yes  No

If yes, reason for leaving:

---

---



## APPLICATION FOR EMPLOYMENT

### Applicant Information Cont'd

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

### Employment

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Prior Position Held within Company (if any): \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Prior Position Held within Company (if any): \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No



## APPLICATION FOR EMPLOYMENT

### Employment Cont'd

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Prior Position Held within Company (if any): \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes No

### References

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Length of time known: \_\_\_\_\_

**Acknowledgement and Authorizations on  
next page**



## **APPLICATION FOR EMPLOYMENT**

### **Acknowledgement and Authorization**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, which I understand are subject to change by the credit union.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Credit Report Disclosure and Release**

#### **Disclosure**

It is the policy of the Inner Lakes Federal Credit Union to protect the safety and soundness of the credit union and the interests of its members by obtaining a consumer report and / or an investigative consumer report on certain applicants and employees. This release shall serve as a formal disclosure that a consumer report may be obtained.

The credit union will not use the information obtained in violation of any federal or state equal opportunity law or regulation, and that, if any adverse action is to be taken based on the consumer report, a copy of the report and a summary of the consumer's rights will be provided to the applicant / employee.

Should an investigative consumer report be completed, the applicant / employee may request (in writing) a complete description of the nature and scope of the investigation.

#### **Release**

I authorize any consumer reporting agency to furnish to the credit union, or any agent acting on its behalf, a consumer report and / or an investigative consumer report including information as to my character, general reputation, and personal characteristics.

I recognize that I may be subject to a consumer report and / or investigative consumer report ordered by the credit union, and that I have the right to request in writing whether or not a consumer report and / or investigative consumer report was requested and if either report was requested, the name and address of the consumer reporting agency to whom the request was made and, in the case of an investigative consumer report, a complete and accurate disclosure of the nature and scope of the investigation requested.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_