



Straits Area Federal Credit Union: APPLICATION FOR EMPLOYMENT

____/____/____
Date of Application

Social Security Number

Position Applied For:

Resume Attached? Yes or No

About You

First Name Middle Name Last Name

Alias or Past Names: (Please include maiden name, if applicable.)

First Name Middle Name Last Name

First Name Middle Name Last Name

Current Residence

Address

Phone

City

Daytime Phone

State ZIP Code

Is it okay to call you at work? Yes No

Past Residence(s)

____/____/____ to ____/____/____
Start Date End Date

Address/City/State/ZIP Code

____/____/____ to ____/____/____
Start Date End Date

Address/City/State/ZIP Code

Are You:

Yes No
Legally able to work in the U.S.?

Able to make it to work using a reliable means of transportation?

Have You:

Ever been convicted of a crime other than a traffic violation? Yes No

If yes, please describe and include type of crime and date of conviction

How Did You Find Us?

Advertisement Name of Publication _____

Referral from Employee Employee Name _____

Employment Agency Employment Agency _____

Other _____

Your Work Experience

_____/_____/_____ to ____/____/____
Present/Last Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

List Main Duties Performed

Reason For Leaving

_____/_____/_____ to ____/____/_____ Past
Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

List Main Duties Performed

Reason For Leaving

_____/_____/_____ to ____/____/_____ Past
Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

List Main Duties Performed

Reason For Leaving

_____/_____/_____ to ____/____/_____ Past
Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

List Main Duties Performed

Reason For Leaving

Professional Information (if applicable)

License Description _____ **License Number** _____
State Obtained _____ **Expiration** _____

Registry or Certification _____ **Registration No.** _____
State Obtained _____ **Expiration** _____

Other _____

Your Education & Training

Type of School	Name of School /Training	Location	Degree Earned	Fields of Study (Major and Minor)
High School/ Trade School				
Business or Tech School				
Colleges				
Other Training (Explain)				

Academic or Other Awards or Achievements

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position*)

Date ____/____/____/ Description _____

Date ____/____/____/ Description _____

Date ____/____/____/ Description _____

Date ____/____/____/ Description _____

Additional Qualifications

(Special technical computer or individual skills that would qualify you for the position*)

Description _____

Description _____

Description _____

Description _____

Have you ever been suspended or discharged from employment? Yes or No

If Yes, Please Explain:

Please Read Carefully

I certify that all of the answers and information given by me in this application are true, accurate and complete without qualification. If hired, I understand that if the Company at any time determines that any of the requested information was withheld by me or any of the statements furnished above were false, inaccurate or misleading, I will be subject to immediate dismissal once the facts become known.

I authorize investigation of all information contained in this application and also authorize full disclosure of my present and prior work records by any employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the Company such employment will not result in a contract for employment and that the Company may terminate my services at will at anytime for any reason or no reason at all. I further recognize that if I am employed by the Company I will receive compensation and benefits and be subject to rules and regulations; but I agree that such compensation, benefits, rules and regulations are subject to change by the Company with or without notice to me. I acknowledge that my assigned work hours and place of my work may be modified by the Company. I recognize I will be required to work overtime as needed.

I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS AN AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY AGREEMENT ALTERING THE TERMINIABLE AT WILL NATURE OF THE EMPLOYMENT RELATIONSHIP MUST BE IN WRITING AND SIGNED BY MYSELF AND THE CHIEF EXECUTIVE OFFICER OF THE COMPANY.

I agree that any action or suit against the Company, arising out of my employment or termination of employment, including but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Signature of Applicant _____ Date _____

CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____ D.O.B: _____

Telephone Number(s) _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the Straights Area Federal Credit Union and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state or county jurisdictions; driving records; birth records; and any other public records.

I further authorize any individual, company, firm corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to Straights Area Federal Credit Union or its agent. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The Straights Area Federal Credit Union and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including but not limited to, addresses, social security numbers and dates of birth.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report/investigative consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

By signing below, you are certifying that the above information is true and correct.

Signature

Date