

EMPLOYMENT APPLICATION

An equal opportunity employer

We are an Equal Opportunity Employer to the full extent of all applicable laws and do not discriminate on the basis of race, color, religion, national origin, citizenship, sex, age, marital status, height, weight, handicap or any other basis prohibited by law.

The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Please complete the entire application. Ask for extra space if you need to clarify any response. Also, portions of this application address the employer-employee relationship so please read all provisions carefully. Thank you.

TODAY'S DATE		PHONE NUMBER () ()		ALTERNATE PHONE NUMBER () ()	
LAST NAME		FIRST		MIDDLE INITIAL	
STREET ADDRESS		CITY		STATE ZIP CODE	
PREVIOUS ADDRESS		CITY		STATE ZIP CODE YEARS THERE	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE/STATE ID NUMBER		STATE THAT ISSUED DRIVER'S LICENSE/STATE ID	
POSITION APPLIED FOR (BE SPECIFIC) 1. _____ 2. _____					
Note: If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States.					
ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DO YOU SEEK FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU CONSIDER PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF HOURS DESIRED PER WEEK: _____	
				RATE OF PAY EXPECTED PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR	
HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATES: _____			HAVE YOU EVER WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATES: _____		
WHAT DAYS ARE YOU AVAILABLE?		<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
WHAT TIMES ARE YOU AVAILABLE?		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO (A conviction will not automatically bar you from employment)					
IF YES, LIST DATE AND DETAILS: _____					
HOW WERE YOU REFERRED TO US?		<input type="checkbox"/> EMPLOYEE NAME: _____		<input type="checkbox"/> FRIEND NAME: _____	
		<input type="checkbox"/> SCHOOL NAME: _____		<input type="checkbox"/> AGENCY NAME: _____	
		<input type="checkbox"/> AD		<input type="checkbox"/> OTHER EXPLAIN: _____	
EDUCATION / COURSE OF STUDY					
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES		DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical, Business, or Other		From:	To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University		From:	To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYMENT HISTORY List below past and present employment beginning with your most recent.					
COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES		REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR			
IMMEDIATE SUPERVISOR	To:	Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR			
SUPERVISOR TITLE					
WORK PHONE () ()	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES		REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR			
IMMEDIATE SUPERVISOR	To:	Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR			
SUPERVISOR TITLE					
WORK PHONE () ()	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (Continued)				
COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From: _____ To: _____	To Start \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
IMMEDIATE SUPERVISOR				
SUPERVISOR TITLE				
WORK PHONE ()	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANY PERIODS OF UNEMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN AND GIVE DATES:				
PLEASE LIST ANY SKILLS, ABILITIES, HOBBIES, TRAINING, ETC. WHICH YOU FEEL MAY BE AN ASSET. (EXAMPLE: BUSINESS MACHINES, VOLUNTEER WORK, ADDITIONAL LANGUAGES, DATA PROCESSING, CLERICAL, ETC.) _____				
HAVE YOU EVER BEEN COVERED BY A FIDELITY BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN DENIED FIDELITY BOND COVERAGE, HAD A BOND CARRIER IMPOSE AN INDIVIDUAL DEDUCTIBLE SPECIFICALLY ON YOU, OR HAD SUCH COVERAGE REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO EITHER, STATE DATES AND REASONS:				
HAVE YOU HAD ANY EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT BRANCH? _____ RANK AT DISCHARGE _____ DATE OF DISCHARGE _____ SPECIAL TECHNICAL TRAINING:				
REFERENCES (Do not list relatives or former employers)				
Name	Address	Telephone	Years Known	
1. _____				
2. _____				
PLEASE READ THE FOLLOWING AND SIGN BELOW: In return for the credit union's consideration of my application for employment, I agree as follows:				
1. I authorize an investigation and verification of my employment, education, criminal conviction and credit report. I authorize my employer and former employers, references, educational institutions and any other persons contacted by the credit union to provide it with all records and information relevant to this employment application without any obligation to give me written notice thereof, and I release all such parties from all liabilities arising from such disclosures to the extent permitted by law. I also, to the extent permitted by law, (a) waive any claims against the credit union relating to such inquiries and disclosures and (b) release the credit union, its directors, officers, employees and agents from any liability which might arise from such inquiries and disclosures.				
2. I understand that I may be required to undertake a post offer physical examination, including a drug and alcohol test, in connection with my application for employment and I agree to do so. Such examination will be conducted by a physician or clinic selected by the credit union. I hereby authorize any such physician or clinic to release to the credit union such information derived from the examination as the credit union requires. I waive, to the extent permitted by law, any claims that I might have on account of the physical examination (including the drug and alcohol test) requirement and the release of the physical examination (including the drug and alcohol test) information to the credit union.				
3. I understand that the credit union will accommodate, to the extent required by law, employees with disabilities to allow access to its facilities and employment opportunities.				
4. I agree that this application will be kept on file for a period of one (1) year after this date. I understand and acknowledge that unless I am hired before the end of this period, this application will be null and void and any continuing interest in the credit union will require a new application.				
5. I understand that my employment at the credit union is at-will, and if I am hired, I may resign at any time and the credit union may terminate my employment at any time, with or without reason or prior notice. I understand that the only way my at-will employment can be modified is in writing expressly for the purpose of modifying the at-will nature of my employment signed by me and I affirm that the information provided in this application (and accompanying resume and notes, if any) is true and complete.				
6. If employed, I agree to abide by all policies, rules and regulations of the credit union, as well as the rules and regulations that govern the credit union's operations.				
7. I also understand and agree that if I file a claim or suit arising out of my employment, or termination of employment with credit union, I must file the claim or suit within the time period provided by statute or within 180 days of the event giving rise to the claim, whichever is shorter/earlier or I will be barred from bringing the same, and I agree to waive any limitations period that is greater than 180 days.				
8. I acknowledge and understand that, in exchange for continued employment at credit union, any and all claims or suits arising out of my employment, or termination of employment, with credit union, including any and all claims of discrimination in violation of state and/or federal civil rights statutes , shall be submitted to and settled by arbitration in the State of Michigan, by an arbitrator mutually agreed to by me and the credit union. The arbitration will be procedurally conducted pursuant to the Employment Rules then in effect of the American Arbitration Association. This provision shall not apply to any fraud or gross negligence claims credit union may bring against me arising out of my employment.				
I affirm that the information provided in this application (and accompanying resume and notes, if any) is true and complete. I understand that any false information, misrepresentations, or omissions – oral or written – may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.				
SIGNATURE _____ DATE _____				
WE WISH TO EXPRESS OUR APPRECIATION TO YOU FOR CONSIDERING US AS A POTENTIAL EMPLOYER.				