

CREDIT UNION

Our People Make Us The BEST!

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 NUMBER	STATE THAT ISSUED DRIVER'S LICENSE

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? YES NO ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

DO YOU SEEK FULL-TIME EMPLOYMENT? YES NO WILL YOU CONSIDER PART-TIME? YES NO NUMBER OF HOURS DESIRED PER WEEK: _____ RATE OF PAY EXPECTED PER: HOUR WEEK YEAR

HAVE YOU EVER APPLIED HERE BEFORE? YES NO HAVE YOU EVER WORKED HERE BEFORE? YES NO

IF YES, LIST DATES: _____ IF YES, LIST DATES: _____

WHAT DAYS ARE YOU AVAILABLE? Sunday Monday Tuesday Wednesday Thursday Friday Saturday

WHAT TIMES ARE YOU AVAILABLE? A.M. P.M.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO *(A conviction will not automatically bar you from employment)*

IF YES, LIST DATE AND DETAILS: _____

HOW WERE YOU REFERRED TO US? EMPLOYEE NAME: _____ FRIEND SCHOOL NAME: _____ AGENCY AD PAPER: _____ 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. Include U.S. Military experience.*

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start		
IMMEDIATE SUPERVISOR	To:	\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE		Upon Leaving		
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		
IMMEDIATE SUPERVISOR	To:	\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE		Upon Leaving		
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 Start		
IMMEDIATE SUPERVISOR	To:	\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE		Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
WORK PHONE ()		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ANY PERIODS OF UNEMPLOYMENT? YES 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? YES 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? YES 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? YES 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:

- I authorize an investigation and verification of my employment, education, criminal conviction and credit report. I authorize my employer and former employers, references, medical facilities, 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.
- 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.
- 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. I also understand that I will be required to file a written request for an accommodation on the date I know or reasonably should know that such accommodation is needed.
- 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.
- 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. No representative of the credit union, regardless of position, has the authority to give any assurance to the contrary. 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. 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.
- 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.
- 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.
- 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.