

## APPLICATION FOR EMPLOYMENT

This Credit Union does not discriminate in employment practices on account of race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, disability, sexual orientation, arrest record, conviction record, membership in the national guard, use or non use of lawful products off our premises, genetic information, or any other basis prohibited by applicable state or federal law.

*Please contact the Credit Union directly if you need an accommodation to participate in the application process.*

Note: This application must be filled out in its entirety even if the Credit Union permits you to submit a resume and you are doing so.

Note: This application is effective for 30 days from the date written on it. After the 30 day time period expires you must renew your application to be considered for another job opening.

Last Name, First Name, MI

Is any additional information about a change of name, use of an assumed name, or nickname necessary to enable a check on your work record? If so, please explain.

Present Address (Include Street, City, State and Zip Code)

Daytime Phone:

Evening Phone:

Last Previous Address (if at present address less than two years)

Email:

Are you over 18 years of age?

Are you legally authorized to work in the United States the the present time?      Yes              No

Have you ever been convicted of a crime? Answering yes to this question is not an automatic bar to employment.

Yes       No

Position Desired:

Salary Desired:       Hourly       Annually

Amount \$

Status:                      full / part-time

Earliest start date:

How were you referred to this organization?

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper Ad        | <input type="checkbox"/> Friend/Employee |
| <input type="checkbox"/> Employment Agency   | <input type="checkbox"/> On my own       |
| <input type="checkbox"/> School              | <input type="checkbox"/> Other source    |
| <input type="checkbox"/> State Employ. Serv. |  |

I have applied for a position with the Credit Union in the past.

I have worked for the Credit Union in the past.

If you checked either box, please give the date you applied or began work: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with this organization?

**Work Experience** --- account for all employment since high school or last ten years, whichever is less, with most recent experience first

From Mo/Yr	To Mo/Yr	Employer Name, Address, and Phone Number	Principal Duties	Supervisor's Name	Reason for Leaving

## Education Background

Name	Address	Course of Study	Graduate? If yes, state degree
High School:			
College/Tech/Bus.Sch.;		Major: Minor:	
Graduate School:			

List additional *job-related* seminars, short courses, workshops, or other educational experiences, along with the approximate dates of completion:

List *job-related* certificates and licenses, along with dates obtained:

List any other *job-related* skills and abilities:

**Please check the appropriate boxes before signing this application.** If you have any questions regarding the following statements, please ask about them before signing.

I certify that all information and statements I have provided in this application and in any accompanying documents are accurate and complete.

I understand that providing false or misleading information on this application form or on any materials I provide with it could result in my not being hired or in termination of my employment if I am hired.

I understand that my past and present employers and educational institutions will be contacted to verify my references.

I authorize the Credit Union to conduct a background check on me and to contact and verify my references. (If the Credit Union intends to obtain a credit report, it will first obtain my authorization and signature on a separate document.)

I understand and acknowledge that in the event I am hired, my employment will be at-will—meaning that either the Credit Union or I can terminate it at any time and for any reason that is not unlawful. The at-will relationship will remain throughout my employment unless I enter into a written agreement stating otherwise from the board of directors or an officer of the Credit Union with authority to enter into the agreement.

I acknowledge that no offer or promise of employment has been made as of this date.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please read before signing. If you have any questions about this statement, please ask them of any interviewer before signing.

If employed by this organization, I will comply with all rules and regulations set forth in the organization's policy manual or other communication distributed to staff. I understand that such employment may be conditional upon a favorable drug test by an organization chosen by the organization and to which I hereby consent. I authorize the organization to supply my employment record, in whole or in part, and in confidence, to any government agency or other party with a legal and proper interest in my employment with the organization.

For reference purpose:

You may  You may not contact my present employer.

I have read and understand the statement above.

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Applicant Signature

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Date



91 N. Pioneer Road  
Fond du Lac, WI 54935

## Consent to Obtain Consumer Credit Report

Under the provision of the Fair Credit Reporting Act (FCRA), Fond du Lac Credit Union (the Credit Union) may request a report from a credit reporting agency for employment purposes.

I understand that the Credit Union may request and use information in a credit report to evaluate me for employment. The reporting agency plays no part in the Credit Union's decision regarding employment.

Before the Credit Union takes any adverse employment action based on the information from a reporting agency, it will provide me with a copy of the report and a written description of my rights under the FCRA, including how I can dispute the accuracy or completeness of any information contained in the consumer report.

I authorize Fond du Lac Credit Union to request a credit report about me for employment purposes. This authorization will become effective at the time of my application for employment and will remain in effect throughout any time I may be employed by Fond du Lac Credit Union.

Applicant Name:

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Please print

Address:

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Length of time at this address:

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If less than 5 years, prior address:

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Social Security Number:

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Signature:

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Date:

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