

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

PLEASE PRINT

Name			Telephone No.		Date	
Last	First	Middle	Area Code	-	-	-

Address				Social Security No.	
Number and Street	City	State	Zip	-	-

Notify in Emergency	Name			Address		Telephone No.	
	Number and Street	City	State	Zip	Area	Code	

Do you have the legal right to remain and work in the U.S.? Yes No

Type of work desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <small>(Choose that which is applicable)</small>	Are you willing to work: Over 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No Irregular shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available:	Salary Desired:	

What source prompted you to apply with us? Yes No

Have you ever been employed by this company? Yes No

If yes, when? _____

Have you ever applied for work at this company? Yes No

If yes, when? _____

If driving is required in the job you are applying for, please answer this question:

Do you have a valid driver's license? Yes No

Number: _____ State: _____

Have you ever been convicted of a violation of the law, other than a minor (non-moving violation such as a parking ticket) traffic violation? Yes No

(The fact that you have a record of conviction will not necessarily bar you from employment.)

If yes, explain: _____

Is there any situation of which you are aware that may cause an absence from work within the next six months? Yes No

If yes, what? _____

REFERENCES

Please list the names and addresses of two persons, **who are not relatives**, as references. They should be persons whom have known you well during the past few years.

NAME	ADDRESS (street, city, state, zip)	OCCUPATION/EMPLOYER
1. _____	_____	_____
2. _____	_____	_____

Application For Employment

(Names, City, State)

EDUCATION

High School: _____ 9 10 11 12 Graduated? Yes No GED

College: _____ 13 14 15 16 Degree Received: ^(ex: BA, BS) _____ Major: _____

Technical/Vocational School: _____ Degree Received: ^(ex: AA, AS) _____ Major: _____

Graduate School: _____ Degree Received: ^(ex: MA, MS) _____ Major: _____

Other Schools and Degrees: _____

EMPLOYMENT HISTORY

H Please list all employment starting with present or most recent employer. Account for all periods, including unemployment. If you have had other jobs or possess other skills you would like us to know about, please list them on the separate sheet available.

H If you have had no work experience, list name and location of three previous school teachers in space allotted for employers.

Dates worked:	Position/Nature of work:	Employer Name: _____	Supervisor:	Salary:
From: _____ To: _____ <small>(month/year) (month/year)</small>		Address: _____ <small>street city state zip</small>		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
Dates worked:	Position/Nature of work:	Employer Name: _____	Supervisor:	Salary:
From: _____ To: _____ <small>(month/year) (month/year)</small>		Address: _____ <small>street city state zip</small>		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
Dates worked:	Position/Nature of work:	Employer Name: _____	Supervisor:	Salary:
From: _____ To: _____ <small>(month/year) (month/year)</small>		Address: _____ <small>street city state zip</small>		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		

Please list any other information you would like us to know which you have not already provided: _____

PRE-EMPLOYMENT STATEMENT

- I consent to any physical agility or drug testing that may be required by the company.
- I hereby authorize the company to investigate any aspect of my prior educational, credit, criminal, and employment history.
- I hereby authorize the checking of any references (including previous employers and educational institutions) on matters of record listed on this application and release those providing information from any liability whatsoever for issuing such information.
- I further understand that any false answers or statements made by me on this application or any supplement thereto will disqualify me for employment or will be sufficient grounds for immediate discharge regardless of when discovered. I also understand that any offer of employment is contingent upon MembersOwn Credit Union's verification of my employability and identity as required under the Immigration Reform and Control Act of 1986.
- I realize that this application for employment in no way constitutes a contract for employment with MembersOwn Credit Union.

Applicant's Signature

Date