ARCHER CREDIT UNION
Where Trust is Traditional

Application of Employment

It is the policy of Archer Cooperative Credit Union to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.
Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly.
An illegible application may preclude you from consideration.

Personal Information

First Name: _____ Middle Initial:_____ Last Name:_____

Current Address: _____ City: _____ State: _____ Zip Code:_____

Permanent Address if different from above: _____City:_____State:_____Zip :_____

Telephone: _____ Cell Phone: _____ E-mail: _____

Social Security # _____ Date of Birth: _____

Driver's License # _____ State: _____

I am a U.S. Citizen or otherwise authorized to work in the United States _____ Yes _____ No

If applicable, please list your visa type, number and expiration date: _____

Have you ever been convicted of a felony? _____ Yes _____ No.   If you answered Yes, please explain:

_____

Have you ever served in the U.S. Military? _____ Yes _____No If you answered Yes, please provide the following

Information: Branch of Service: _____   Rank at time of separation: _____

Dates of service: from _____ to _____   Special Honors: _____

_____

References:

Are you willing to provide references not related to you?   _____ Yes _____ No   _____ Will Provide Later

Name _____ Address: _____Phone _____

Name _____ Address: _____Phone _____

Name _____ Address: _____Phone _____

Employment History

<u>Current Employer</u>

Employer: _____

Address: _____ City _____ State: _____ Zip: _____

Your Position: _____ Salary: _____

Duties: _____

Dates Employed: from _____ to _____   Supervisor: _____ Title: _____

Reasons for leaving: _____

_____

_____

<u>Prior Employer</u>

Employer: _____

Address: _____ City _____ State: _____ Zip: _____

Your Position: _____ Salary: _____

Duties: _____

Dates Employed: from _____ to _____   Supervisor: _____ Title: _____

Reasons for leaving: _____

_____

<u>Prior Employer</u>

Employer: _____

Address: _____ City _____ State: _____ Zip: _____

Your Position: _____ Salary: _____

Duties: _____

Dates Employed: from _____ to _____   Supervisor: _____ Title: _____

Reasons for leaving: _____

_____

Education

<u>High School</u>

Name and Address: _____

Did You Graduate: ☐ Yes   ☐ NO   If you did not graduate, did you receive your GED? ☐ Yes   ☐ NO

Activities: _____

_____

Dates Attended: _____ to _____

Special honors or awards:

_____
_____

<u>College or University, Vocational or Technical School</u>

Name and Address: _____

Degree Attained: _____

Activities: _____

_____

Dates Attended: _____ to _____

Special honors or awards:

<u>College or University, Vocational or Technical School or additional training</u>

Name and Address: _____

Degree Attained: _____

Activities:

_____

_____

Dates Attended: _____ to _____

Special honors or awards:

<u>Position Information</u>

Position Applying For:_____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work Saturdays? _____ Yes _____ No   When would you be able to start? _____

Are you willing to travel for the job? _____ Yes _____ No   Desired salary: _____ per _____

<u>Skills</u>

Please describe any skills you have that you believe will apply to this position: _____

_____

Computer skills? _____

Languages Spoken (other than English): _____

Other: _____

_____

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. Futhermore, I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature_____Date:_____

Notification and Authorization Form for Employment Credit Report

I authorize Archer Cooperative Credit Union to obtain a credit report and/or motor vehicle report on myself through the credit reporting agency of its choice. If employed, I further authorize Archer Credit Union to check my credit records, as needed, on a continuing basis as it relates to my employment.   If an adverse employment decision is made due totally or partly to the information on the credit report, Archer Credit Union will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

Signature: _____ Date:_____

Printed Name: _____

Address:_____

_____

Social Security Number:_____