



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 _____

Last Name

First Name

Middle Initial

Employment History

Current Employer

Employer: _____

Address: _____ City _____ State: _____ Zip: _____

Your Position: _____ Salary: _____

Duties: _____

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

Reasons for leaving: _____

Prior Employer

Employer: _____

Address: _____ City _____ State: _____ Zip: _____

Your Position: _____ Salary: _____

Duties: _____

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

Reasons for leaving: _____

Prior Employer

Employer: _____

Address: _____ City _____ State: _____ Zip: _____

Your Position: _____ Salary: _____

Duties: _____

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

Reasons for leaving: _____

Last Name

First Name

Middle Initial

Education

High School

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:

College or University, Vocational or Technical School

Name and Address: _____

Degree Attained: _____

Activities: _____

Dates Attended: _____ to _____

Special honors or awards:

College or University, Vocational or Technical School or additional training

Name and Address: _____

Degree Attained: _____

Activities: _____

Dates Attended: _____ to _____

Special honors or awards:

Last Name

First Name

Middle Initial

Position Information

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 _____

Skills

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. Furthermore, 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: _____