



## Application for Employment

Our Company is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or veteran status; disability; or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

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### Employee Information

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street Apt. # City State Zip Code*

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number (if job related) \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Are any of your relatives presently employed with the Company?  Yes  No

If yes, please provide names of relatives, their positions, and departments.

\_\_\_\_\_

\_\_\_\_\_

Are you employed now?  Yes  No What date would you be available for work? \_\_\_\_\_

Wage expected? \_\_\_\_\_

Are you available to work?  Full time  Part time  Shift work  Temporary

Are you fluent in any foreign language (if job related)? List: \_\_\_\_\_

Are you over the age of 18?  Yes  No

Have you ever had any Bond Coverage Modified or Revoked?  Yes  No

Have you been convicted of or plead guilty or no contest to a felony or misdemeanor other than minor traffic violations such as speeding?

Yes  No

If yes, please complete the following (*a conviction record will not necessarily be a bar to employment*).

Conviction: \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Please explain: \_\_\_\_\_

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### Education

	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree			
Honors Received			
Describe Course of Study			

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### Employment Experience

List all of your work experience including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May We Contact This Employer?  Yes  No If no, why not? \_\_\_\_\_

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Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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May We Contact This Employer?  Yes  No If no, why not? \_\_\_\_\_

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Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May We Contact This Employer?  Yes  No If no, why not? \_\_\_\_\_

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### **Skills/Training**

Please summarize your job-related skills or specialized training: \_\_\_\_\_

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List job related professional, trade, business, or civic associations and any offices held. (Memberships that reveal sex, race, religion, national origin, age, color, disability, or other protected status need not be listed.)

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List job-related special accomplishments, publications, awards. (Memberships that reveal sex, race, religion, national origin, age, color, disability, or other protected status need not be listed.)

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List any additional information you would like us to consider.

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(add extra pages and/or resume if you prefer)

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## References

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
<i>Name</i>	<i>Company</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>

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## Acknowledgements

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize the Company to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the Company. I also release the Company from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

At-Will Employment. I understand that if I am hired, my employment at the Company is "at-will" and may be terminated by me or by the Company at any time for any reason, with or without cause or notice. I understand that no employment offer is being made by the Company at this time. I also understand that nothing in this application is intended to imply or create an employment contract and that no Company representative has the authority to make any assurance to the contrary.

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Signature

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Date

## Authorization to Past Employer, School, or Other Institution to Release Information

I have applied for employment with Malheur Federal Credit Union. As part of the application process the Company conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to the Company and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to the Company and/or its agents. A photocopy of this authorization is as effective as the original.

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Dates of Past Employment: From \_\_\_\_\_ To \_\_\_\_\_

Past Positions Held: \_\_\_\_\_

Department/Location: \_\_\_\_\_

If name has changed (through marriage, etc.) please print former name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Applicant Affirmative Action Plan Voluntary Survey

Our Company is required by law to maintain an affirmative action program and to collect information regarding the race, sex, national origin, disability, or veteran status of applicants. To assist us in our governmental recordkeeping requirements, we would appreciate your completion of this data form. **Your cooperation is voluntary. The information supplied will be kept confidential and will be used to improve our recruiting efforts and support our commitment to diversity in the workplace.** If you choose to volunteer the requested information, the data will be physically separated from the remainder of the job application before the application is considered for possible employment. The information will be kept in a confidential file separate from your application for employment.

Thank you for your cooperation!

Name \_\_\_\_\_ Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

### Sex:

Male  Female

### Ethnic Background:

American Indian/Alaskan Native  Asian/Pacific Islander  
 Black  Hispanic  White

Disabled:  Yes  No

### Veteran Status:

Veteran:  Yes  No

If yes, period of service: From \_\_\_\_\_ To \_\_\_\_\_

Are you a disabled veteran?  Yes  No

### Referral Source:

Friend  Walk-in  
 Relative  Job Hotline  
 Employment Agency  Advertisement  
 State Employment Service  College/University Job Placement Office (please indicate which university)  
 Company Employee  Social Service Agency/Organization  
 Web Site  Other \_\_\_\_\_

**Our Company Is An Equal Opportunity/Affirmative Action Employer**