

Application for Employment

We request the following information to help us make the best possible placement within our credit union. Please type or print in ink when completing this form. We appreciate your time and look forward to reviewing your application.

lame:						Date:	
Last	First		Mid	ldle			
treet Address:			City:_		State	e:Zip Code:	
rimary Phone No:		Social Secu	rity No				
river's License Information: S	tate:Number						
Personal				·			
osition(s) Applying For:		Salary	Desire: \$		Hourly_	Monthly	Annual_
ate Available:	Employment Pre	ference:Full	Time	Part Time	Tempo	rary	
re you legally eligible for emplo	oyment in the USA?: Yes	No	If not a U	.S Citizen, give	Visa status	S:	
teferral Source?:Employee	Relative Advertisr	ment E	Employemer	nt Agency	Walk-in	Other	
re you under 18?: Yes N	lo		lf (under 18, can y	ou furnish a	a work permit?: Ye	es N
o you have an relatives that cu	rrently work for WinSouth?:	Yes No	o If <u>;</u>	yes, please list	who:		
ave you previously worked at a	a credit union?: Yes No		lf y	yes, what credi	t union and	when?:	
ave you ever been bonded?: Y	/es No		W	ill you work ove	ertime if nee	eded?: Yes N	lo
an you travel if the job requires	s it? Yes No		W	ill you relocate	if the job re	quires it?: Yes	No
lave you ever been convicted o	of a felony?: Yes No	If yes, plea	se give deta	ails:			
Education				Last year	Grade		
		City	State			Major/Degree	
igh School							
usiness/Trade School							
college							

Military History Have you served in the U.S Armed Forces?: Yes___ No___ If yes, state the branch and dates of duty: Describe any training that you received that is relevant to the position(s) applied for: **Employment History:** Please list your present and past employment below starting with your most recent employer. Be specific. Company: Address: Phone: Dates employed (MM/YY): To May we contact for a reference? Yes No May we contact you at work? Yes No Reason for leaving? _____Supervisor's Name & Title:_____ Your Position Title: Please list your responsibilities and duties: _Address: ____Phone:___ Dates employed (MM/YY):______To:______May we contact for a reference? ____Yes ____No May we contact you at work? ___ Yes ___No Reason for leaving?____ Your Position/Title:______ Supervisor's Name & & Title_____ Please list your responsibilities and duties: References Please list names and phone numbers of two personal references, excluding relatives and former employers. Reference #1 Name:___

Phone #:

Phone #:

Reference #2

PLEASE READ CAREFULLY BEFORE SIGNING

In filing this application for employment, I authorize the Credit Union to inquire into all statements made in this application, with full knowledge that any misrepresentations or omissions of facts will prejudice my application for employment, and may, if I become employed, be sufficient cause for dismissal from the Credit Union. If I should be employed, I agree to abide by all the rules and policies of the Credit Union; and I understand I will be reviewed after the first days of employment. Completion of this application by me or its receipt by the Credit Union does not indicate there are any positions open and does not in any way obligate the Credit Union. I understand that as a part of normal procedure for processing employment applications and employment requests, a routine inquiry may be made concerning information of character, general reputation, credit, personal characteristics, mode of living and driving records or any reports connected with such records. I authorize such investigations and acknowledge that information on the nature and scope of such reports, if any are made, is available upon written request. All applicants are hereby notified that employment applications are valid for sixty days. After sixty days, a new application must be completed.
In consideration of my employment, I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Credit Union or me. I understand that no one (other than the Board of Directors of the Credit Union) has the authority to enter into any agreement which will modify the at will nature of the employment relationship and further agree that the at will nature of my employment relationship cannot be modified except by the express written agreement signed by an authorized representative of the Board of Directors of the Credit Union and specifically purporting to modify or terminate the at will nature of my employment relationship with the credit union.
I, the undersigned, of my own free will and without duress, agree in connection with my application for employment with the Credit Union to submit to alcohol/drug testing. I agree that the results of alcohol/drug testing will become a part of my employment application and my personnel file in the event I am employed. I understand that these alcohol/drug examinations may be repeated from time to time during my employment and I understand that as a condition of my employment and continued employment, the Credit Union may, from time to time, require me to submit specimens of blood, urine and other bodily fluids for testing to determine the presence of alcohol and/or controlled substances. I hereby authorize and consent to such testing and do hereby authorize the testing agency to release the results of any such test to the Credit Union. I understand that if I fail to comply with the Credit Union's request in this regard or to furnish the appropriate samples when and as requested I will be subject to immediate termination. I understand that any of my personal items brought into the Credit Union, including lunch boxes, purses and packages, are subject to search(s) at any time. I also understand that my locker or desk is subject to search at any time. I consent to such search or agree to cooperate with the credit Union, if required. Failure to cooperate in a Credit Union authorized search shall be grounds for immediate termination of my employment.
I hereby waive and release any and all claims and causes of action of every kind whatsoever against the Credit Union or any of its officers and employees and any person, firm or corporation engaged by the Credit Union in the taking and maintaining of such alcohol/drug tests, and conducting searches, or from any resulting action or non-action by the Credit Union because of such tests, or in conducting any investigation concerning my background, which I may now or in the future have arising out of or in connection with aforesaid alcohol/drug tests or investigative procedures.
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We are an equal opportunity employment company. We are dedicated to a policy of nondiscriminatory employment on any basis including race, creed, color, religion, sex, age, national origin or disability unrelated to job performance. The Credit Union also takes affirmative action as required by law or statute to hire qualified veterans, veterans of Vietnam Era and disabled persons.

Date ___

You will not automatically be disqualified if you have a criminal record.

Applicant's Signature ___

CREDIT REPORT AUTHORIZATION FOR EMPLOYMENT PURPOSES

, , , ,	Union to obtain a consumer credit report on you. If the Credit t, you will be provided with a copy of the credit report and a orting Act.
Name	Date