



# APPLICATION FOR EMPLOYMENT

## Personal Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(please print) (last, first, middle)

List any previous names under which employment or education may be verified: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(please use complete mailing address with county and zip code)

Telephone Number: \_\_\_\_\_ Dates at this Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Dates at this Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates at this Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates at this Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates at this Address: \_\_\_\_\_

## Career

Position/Type of work desired: \_\_\_\_\_ Approximate date available for employment: \_\_\_\_\_

List friends or relatives currently employed by Sb1 FCU: \_\_\_\_\_

## Education

### High School

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Type of degree granted or expected: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Scholastic Standing- Grade Point Average: \_\_\_\_\_ Out of a possible: \_\_\_\_\_

### College or University

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Type of degree granted or expected: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Scholastic Standing- Grade Point Average: \_\_\_\_\_ Out of a possible: \_\_\_\_\_

### Graduate or other formal education

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Type of degree granted or expected: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Scholastic Standing- Grade Point Average: \_\_\_\_\_ Out of a possible: \_\_\_\_\_

Scholastic Honors/Scholarships: \_\_\_\_\_

## Additional Data

Do you have any restrictions regarding work location, now or in the future?  Yes  No

If yes, what are they? \_\_\_\_\_

Have you been convicted of any crime other than a minor traffic violation within the last 5 years?  Yes  No

Date (s) \_\_\_\_\_ Place (s) \_\_\_\_\_ Charge (s) \_\_\_\_\_

Are you a U.S. citizen or otherwise entitled to remain and work in the U.S.?  Yes  No

Are you under 18 years of age?  Yes  No If yes, you may need to furnish a work permit.

Are you subject to any employment or non-competition agreements?  Yes  No

If yes, please provide us with a copy of the agreement (s). The agreement (s) will be forwarded to our HR Department for review.

### AN EQUAL OPPORTUNITY EMPLOYER

Company Policy and Federal Law Forbid Discrimination Because of Age, Color, Race, Religion, Sex, Disability or National Origin. The Company also complies with individual State Anti-Discrimination Statutes.

**Employment History-** Give complete information regarding your present and former employment (exclude military service). Start with your present/last job.

May we contact your present employer?  Yes  No

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_  Full time  Part time

**Dates, Month/Year:** From \_\_\_\_\_ To: \_\_\_\_\_ Salary: At employment: \_\_\_\_\_ At leaving: \_\_\_\_\_

Nature of your work and job title: \_\_\_\_\_

Reason for leaving or seeking new employment: \_\_\_\_\_

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_  Full time  Part time

**Dates, Month/Year:** From \_\_\_\_\_ To: \_\_\_\_\_ Salary: At employment: \_\_\_\_\_ At leaving: \_\_\_\_\_

Nature of your work and job title: \_\_\_\_\_

Reason for leaving or seeking new employment: \_\_\_\_\_

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_  Full time  Part time

**Dates, Month/Year:** From \_\_\_\_\_ To: \_\_\_\_\_ Salary: At employment: \_\_\_\_\_ At leaving: \_\_\_\_\_

Nature of your work and job title: \_\_\_\_\_

Reason for leaving or seeking new employment: \_\_\_\_\_

(If additional space is necessary, please continue on a separate sheet of paper)

**Job Related Activities**

Exclude activities, organizations, societies etc., the name of which indicates the race, color, religion, sex, age or national origin of its members or the existence of a disability.

Hobbies/Community activities/Clubs or Organizations to which you belong: \_\_\_\_\_

**U.S. Military**

Period of active duty: Month/Year: From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Describe principal duties performed: \_\_\_\_\_

**General**

Have you previously applied, interviewed, or been employed by Sb1 FCU?  Yes  No

If yes, please list the dates and location of your previous employment with us: \_\_\_\_\_

Approximate salary requirements: \_\_\_\_\_ Do you have a valid driver's license?  Yes  No State where license was issued: \_\_\_\_\_

**References-** exclude supervisors listed above or relatives

Name: \_\_\_\_\_ Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Business: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Business: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Business: \_\_\_\_\_ Years known: \_\_\_\_\_

"I certify that all information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I agree to settle any dispute arising from my employment, or application for employment through arbitration. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subject covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and by being considered for employment by your company. I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations of the company and acknowledge that the rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personal move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make agreement contrary to the foregoing. I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made."

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Pre- Employment Inquiry Authorization and Release

**Applicant Instructions:**

Please complete **Section 1** and return this Release to SB1 with your Application for Employment.

<b>Section 1: Please clearly print or type all information</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Previous Employer:</b>	
<b>Previous Employer's Street Address:</b>	<b>City, State                      Zip code</b>
<b>Supervisor's Name:</b>	<b>Title:</b>
<b>Telephone No.</b>	<b>Fax No.</b>

In connection with my application for employment, I understand and agree that SB1 will seek information as to my character, work habits, job performance, skills and abilities. I authorized my previous employer, referenced above, to release any and all information relating to my employment. I acknowledge that a facsimile or copy of this release shall be as valid as the original.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section 2: To be completed by the applicant's previous employer</b>
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Dear Employer:

The above named applicant is seeking employment with Sbl Federal Credit Union and has listed your organization as a former place of employment. In accordance with the release signed by the applicant, please provide the information requested below. We appreciate your cooperation with providing the information below by answering the following questions. Your responses will be held in the strictest confidence and will not be released to the applicant. Thank you in advance for assistance.

- Position(s) Held by Applicant \_\_\_\_\_
- Dates of employment, From: \_\_\_\_\_ To: \_\_\_\_\_
- Is Applicant eligible for rehire? Yes ( ) No ( )
- Reason for Separation : ( ) Voluntary Resignation ( ) Termination ( ) Other: \_\_\_\_\_

	<u>Above Average</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
Quality of work performed				
Quantity of work Performed				
Communication Skills				
Attendance/ Punctuality				
Motivation				
Ability to Relate to Customers				
Ability to Relate to Staff				
Adherence to Policies/ Procedure				

Name of the person providing the above information \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_