



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical conditional or handicap, or any legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes give date _____

Have you ever been employed with us before? Yes No
 If yes give date _____

Are you currently employed? Yes No

May we contact your present employer Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temp

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

<p>Give name, address and telephone number of three references who are not related to you and are not previous employers.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, handicap or other protected status.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving		\$	\$	
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving		\$	\$	
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving		\$	\$	
4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving		\$	\$	

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with the government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

(PLEASE PRINT)

DATE _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security Number		

Complete Only The Section Below That Have Been Checked			
	Current Job		
	Check One	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Check one of the following: (Ethnic Origin)		
	<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
	Check if any of the following are applicable		
	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual
	Birth date:		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Salary _____ Department _____

By: _____
NAME AND TITLE DATE

NOTES _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open:

Yes

No

Position(s) Considered For: _____

Date: _____

NOTES:

DISCLOSURE AND AUTHORIZATION FORM

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are presently employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, TruPartner Credit Union may request and rely upon one or more reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before TruPartner Credit Union can obtain a consumer report, investigative consumer report or employer or non-employer-related insurance or fidelity bond claims information about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in the report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I, _____, have read and understand the foregoing Disclosure, and hereby authorize TruPartner Credit Union to obtain and rely on consumer reports, investigative consumer reports, public government records and information regarding my involvement in any prior employer or non-employer related insurance or fidelity bond claims in considering me for employment, and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline.

DISCLOSURE AND AUTHORIZATION FORM

Please Read Carefully Before Signing the Authorization

By my signature below, I authorize TruPartner Credit Union to obtain at their own cost and expense any such reports and information from third-party entities such as consumer reporting and insurance agencies and to share the reports and information received with any person involved in the employment decision about me.

[Further, I, _____, do do not authorize TruPartner Credit Union at this time to contact my current employer for Employment and Reference Verification. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment Reference Section of your application.)]

I also agree that this Disclosure and Authorization in its original, faxed, photocopied, or electronic (including electronically signed) form shall be valid for any consumer reports, investigative consumer reports, public record search, and employer or non employer-related insurance or fidelity bond claim reports that may be requested about me by or on behalf of TruPartner Credit Union.

Applicant/Employee Signature

Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file can be used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who had requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request this report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, in error.

A Summary of Your Rights Under the Fair Credit Reporting Act (Continued)

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 Ph #202-326-3761
National banks, federal branches/agencies of foreign banks (work "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 Ph #800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20552 Ph #202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervisions Consumer Programs Washington, DC 22314 Ph #800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Washington, DC 22314 Ph #703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 Ph #800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 Ph #202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 Ph #202-720-7051