

Southwest Federal Credit Union

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)				SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
ARE YOU 18 YRS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE		DRIVER'S LICENSE STATE/NUMBER		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME/LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

"Southwest Federal Credit Union does not discriminate on the basis of age, sex, race or color, national origin, religion, or handicap."

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YRS. ACQUAINTED
1			
2			
3			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.)

AUTHORIZATION

"IN CONSIDERATION OF MY EMPLOYMENT WITH SOUTHWEST FEDERAL CREDIT UNION, SHOULD MY APPLICATION FOR EMPLOYMENT BE ACCEPTED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH THIS COMPANY WILL BE **EMPLOYMENT AT WILL**, MEANING THAT EITHER THE COMPANY OR THE EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE. I FURTHER UNDERSTAND AND AGREE THAT NO ONE HAS THE AUTHORITY TO ALTER THIS RELATIONSHIP, OR EMPLOY ANYONE ON A BASIS OTHER THAN AT WILL EMPLOYMENT EXCEPT BY A WRITTEN AGREEMENT, SIGNED BY AN OFFICER OF THE COMPANY.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: _____ SIGNATURE: _____

APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION

In exchange for **Southwest Federal Credit Union's** consideration of this employment application:

I certify that all information I have supplied in this application and any other form, oral or written is true and accurate, and I agree that any misstated, misleading, incomplete or false information is grounds for rejection of this application, refusal to hire or immediate discharge without recourse.

I understand and agree that **Southwest Federal Credit Union**, any agent acting on their behalf, as well as any other person responding to reference request pursuant to this application, can and will seek and/or disclose any and all information about me which **Southwest Federal Credit Union**, agent or agents, or persons may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for the same. That is, I will not file a lawsuit, claim or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

I understand and agree with the fact that **Southwest Federal Credit Union** maintains a drug-free workplace, that maintenance of same is essentially the safety of the workplace and employees, and that I may be required to undergo a pre-employment medical examination, including, but not limited to, drug and/or alcohol screening and testing. I also understand and agree that I may be subject to such testing during the course of my employment, and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, **Southwest Federal Credit Union** shall be the sole judge of the acceptability of any tests results. I also acknowledge that I have been advised that **Southwest Federal Credit Union** is an Equal Opportunity Employer, that **Southwest Federal Credit Union** does not discriminate against persons who are physically or mentally handicapped, and that **Southwest Federal Credit Union** administers its employment policies in a nondiscriminatory manner.

I specifically authorize **Southwest Federal Credit Union** to investigate my background, including all references, available criminal and other judicial records, and my credit record, consistent with applicable law. I understand that **Southwest Federal Credit Union** will notify me if a credit record investigation is performed, and the sources investigated. I authorize **Southwest Federal Credit Union** to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for **Southwest Federal Credit Union's** consideration of me for employment, and I specially release and hold **Southwest Federal Credit Union** harmless for any liabilities arising out of their investigation of my application for employment.

I understand and agree that, if hired, my employment will be at will, and that I or **Southwest Federal Credit Union** can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us.

I hereby certify that I have read and understand the Terms and Conditions of this application.

Applicant's Signature

Date