

Application for Employment



P.O. Box 795
Traverse City, MI 49685
800.765.0110

PLEASE PRINT

We are an Equal Opportunity Employer to the full extent of all applicable laws and do not discriminate on the basis of race, color, religion, national origin, citizenship, sex, age, marital status, height, weight, handicap or any other basis prohibited by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Position Information

Position(s) applied for: _____ Date: _____

Referral Source: Advertisement Employee Private Employment Agency
 Walk-in Relative Governmental Employment Agency
 Other _____

Name of source (if applicable) _____

Personal Information

Name: _____
Last First Middle

Street Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Email address: _____ Social Security Number: _____

Contact phone: _____ Best time to call you: _____

May we contact you at work? Yes No If yes, work phone: _____ Best time to call: _____

Employment Information

	Yes	No	
Are you legally eligible for employment in this country?			Date available for work: _____
Are you at least 18 years of age?			
Will you relocate if the job requires it?			
Will you travel if the job requires it?			
Are you able to meet attendance requirements of the position?			
Have you ever submitted an application here before?			If yes, give date(s): _____
Have you ever been employed here before?			If yes, give dates: from _____ to _____
Will you work overtime if required?			If no, please explain: _____
Have you ever been covered by a fidelity bond?			If yes, state dates and reasons: _____
Have you ever been denied fidelity bond coverage, had a bond carrier impose an individual deductible specifically on you, or had such coverage revoked?			If yes, state dates and reasons: _____
Have you been convicted of a crime in the last seven (7) years? <small>Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.</small>			If yes, please explain: _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Number of hours desired per week: _____ Rate of pay expected: _____
per Hour Week Year

Driver's license number if driving is an essential job function: _____ State: _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

Employer	Telephone (include area code)	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Job Title	Starting Hourly Rate/Salary			
		\$	Per	
Immediate Supervisor and Title				
Reason for Leaving	Final Hourly Rate/Salary			
		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone (include area code)	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Job Title	Starting Hourly Rate/Salary			
		\$	Per	
Immediate Supervisor and Title				
Reason for Leaving	Final Hourly Rate/Salary			
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Immediate Supervisor and Title				
Reason for Leaving	Final Hourly Rate/Salary			
		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment)

Skills and Qualifications – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background *(if job related)*

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field(s) of study. **F.** Minor fields of study *(if applicable)*.

A. School	B. Years Completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

References

List the name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known

Additional Information

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, religion, national origin, age, color, disability or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

List any additional information you would like us to consider.

Please read the following and sign below:

In return for the credit union's consideration of my application for employment, I agree as follows:

1. I authorize an investigation and verification of my employment, education, criminal conviction and financial record. I authorize my employer and former employers, references, medical facilities, educational institutions and any other persons contacted by the credit union to provide it with all records and information relevant to this employment application without any obligation to give me written notice thereof, and I release all such parties from all liabilities arising from such disclosures. I also waive any claims against the credit union relating to such inquiries and disclosures and release the credit union, its directors, officers, employees and agents from any liability which might arise from such inquires and disclosures.
2. I understand that I may be required to undertake a post offer physical examination, including a drug and alcohol test, in connection with my application for employment and I agree to do so. Such examination will be conducted by a physician or clinic selected by the credit union. I hereby authorize any such physician or clinic to release to the credit union such information derived from the examination as the credit union requires. I waive any claims that I might have on account of the physical examination (including the drug and alcohol test) requirement and the release of the physical examination (including the drug and alcohol test) information to the credit union.
3. I understand that the credit union will accommodate, to the extent required by law, employees with disabilities to allow access to its facilities and employment opportunities. I also understand that I have 182 days from this date, or the date I know or reasonably know that such accommodation is needed, to file a written request for such accommodation.
4. I agree that this application will be considered for a period of 30-60 days after this date. I understand and acknowledge that unless I am hired before the end of this period, this application will be null and void and any continuing interest in the credit union will require a new application.
5. If employed, I agree that the credit union, at its sole discretion, may terminate my employment at its will for any reason or no reason (except for any reason which may be prohibited by applicable statute), with or without advance notice or warning, and that the credit union's decision is not reviewable outside the credit union (except as may be provided by applicable law). I understand and agree that no employee, manager, executive, board member, or other representative of the credit union, other than the chief executive officer, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and the chief executive officer will be effective. I understand and agree that no other oral or written statement, policy, or practice can change the at-will nature of my employment.
6. If employed, I agree to abide by all rules and regulations of the credit union.
7. I agree not to begin any action or suit, not expressly waived in this application, relating to my employment with the credit union more than six months after the date of termination of such employment and I waive any statute of limitations to the contrary.

The information I have provided is true and complete and I understand any false information or material omissions is cause for rejection of this application and termination of employment no matter when discovered.

Signature of Applicant

Date

4Front Credit Union Representative Taking Application

Date