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, gender, sexual orientation, marital status, height, weight, disability 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 ☐ Walk-in ☐ Other 	□ Emp □ Rela	tive	0	□ Governme	nployment Agency ental Employment	1	
Name of source (if a	oplicable)							
Personal Informat	tion							
Name:								
			First				Middle	
Street Address:	Street			C	City		State	Zip Code
Previous Address:	Ohre at				N.L		Chata	Zie Code
	Street				_{Social} Securit	ty Number:	State	Zip Code
						all you:		
•	vork? 🗆 Yes 🗆 N					•		
Employment Info		,						
			Yes	No				
Are you legally eligible for	employment in this country?							
Are you at least 18 years of	of age?				Date ava	ilable for work:		
Will you relocate if the job	requires it?							
Will you travel if the job red	quires it?							
Are you able to meet atten	dance requirements of the po	sition?						
Have you ever submitted a	in application here before?				lf yes, give d	late(s):		
Have you ever been emplo	oyed here before?				lf yes, give d	lates: from	to	
Will you work overtime if re	equired?				lf no, please	explain:		
Have you ever been cover	ed by a fidelity bond?				If yes, state	dates and reasons:		
Have you ever been denie carrier impose an individua such coverage revoked?	d fidelity bond coverage, had al deductible specifically on yo	a bond ou, or had			If yes, state	dates and reasons:		
Type of employment desire	ed: 🗆 Full-Time	□ Part-Tim	ne		□ Temporary	□ Seasona	al 🗆 Ed	ucational Co-op
Number of hours desired p	er week:					Rate of pay per □ Ho		□ Year
Driver's license number if	driving is an essential job fund	ction:					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
		From	То	and job responsibilities
Address				
Job Title		Starting Hourl	y Rate/Salary	
		\$	Per	
Immediate Supervisor and Title				
Reason for Leaving		Final Hourly	Rate/Salary	
		\$	Per	
May we contact for reference?	Yes No Later			
Employer	Telephone (include area code)	Dates Er	nnloved	Current and the time of work norfermed
Employor		From	То	Summarize the type of work performed and job responsibilities
Address		FIOIII	10	
Job Title		Starting Hourl	Rate/Salary	
		\$	Per	
Immediate Supervisor and Title				
Reason for Leaving		Final Hourly	Rate/Salary	
		\$	Per	
May we contact for reference?	Yes No Later			
Employer	Tolophono (include area anda)	Datas Er	nloved	
Employer	Telephone (include area code)	Dates Er		Summarize the type of work performed
	Telephone (include area code)	Dates Er From	nployed To	Summarize the type of work performed and job responsibilities
Employer Address	Telephone (include area code)			
Address	Telephone (include area code)	From	То	
	Telephone (include area code)	From Starting Hourt	To y Rate/Salary	
Address Job Title	Telephone (include area code)	From	То	
Address	Telephone (include area code)	From Starting Hourt	To y Rate/Salary	
Address Job Title	Telephone (include area code)	From Starting Hourt	To y Rate/Salary Per	
Address Job Title Immediate Supervisor and Title	Telephone (include area code)	From Starting Hourly \$ Final Hourly	To y Rate/Salary Per Rate/Salary	
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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.
- 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