

<b>P E R S O N A L</b>	Last Name		First	Middle	Date
	Street Address				Home Phone
	City, State, Zip				Business or Cell Phone
	Have you ever applied for employment with us? <input type="radio"/> Yes <input type="radio"/> No If Yes, Month and Year _____ Location _____				Social Security Number
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full time work? <input type="radio"/> Yes <input type="radio"/> No If not, what hours can you work? _____				Will you work overtime if asked?
	Are you legally eligible for employment in the United States?				When will you be available to begin work?
	Other special training or skills (language, machine operations, etc.)				
	How did you learn of our organization?				

<b>E D U C A T I O N</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	COLLEGE				
	HIGH SCHOOL				
	ELEMENTARY				
	OTHER				

<b>Membership in Professional or Civic Organizations</b> (Exclude those which may disclose your race, color, religion or national origin)

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN OR HANDICAP.

# Employment History

Please give accurate, complete full-time and part-time employment record. Start with the present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone
	Address	Employed (State month and Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT

NO.  REASON

--

<b>R e f e r e n c e s</b>	Name and Address	Phone	Relationship	
	Name and Address	Phone	Relationship	
	Name and Address	Phone	Relationship	
	Name and Address	Phone	Relationship	
	Name and Address	Phone	Relationship	
	Name and Address	Phone	Relationship	

By this document, Centricity Credit Union discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Manager

<b>S I G N A T U R E</b>	<p>I HEREBY DECLARE THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL.</p> <p>SIGNATURE _____ DATE _____</p>
--	---