

APPLICATION FOR EMPLOYMENT

Name _____ Social Sec No. _____
 Address _____ Apt. No. _____ How long at this address? _____
 City _____ State _____ Zip Code _____
 Previous Address _____ How long there? _____
 Home Phone No. (____) _____ Referred by _____
 Notify in case of emergency _____ Home Phone (____) _____
 Address _____ Bus. Phone (____) _____
 List relatives working here _____
 _____ Yes
 Have you been employed by us previously? No When? _____
 Are you seeking FULL-TIME Employment PART-TIME Employment
 Indicate minimum salary desired. \$ _____ Per _____

Indicate Areas of Work Interest

Accounting
 Auditing
 Collections
 Data Processing
 General Clerical
 Loan Interviewer
 Management/Supervision
 Teller
 Word Processing
 Other _____

Present or last employer

Name _____ Date from _____ to _____ Starting Salary _____ End _____
 Address _____ City _____ State _____ Phone No. (____) _____
 Describe reason for leaving _____
 Job Title _____ Describe Duties _____

Supervisor's Name _____ May we contact for reference? Yes No

Previous Employer Name _____ Date from _____ to _____ Starting Salary _____ End _____
 Address _____ City _____ State _____ Phone No. (____) _____
 Describe reason for leaving _____
 Job Title _____ Describe Duties _____

Supervisor's Name _____ May we contact for reference? Yes No

Previous Employer Name _____ Date from _____ to _____ Starting Salary _____ End _____
 Address _____ City _____ State _____ Phone No. (____) _____
 Describe reason for leaving _____
 Job Title _____ Describe Duties _____

Supervisor's Name _____ May we contact for reference? Yes No

EDUCATION

Type of School	Name and Address of School	Major Field	from	to	Graduate? Give Degree
High School					
College					
Business Trade or Adult Education Courses					

Special Skills: Typing _____ WPM Office Machines _____

Other skills/information regarding your qualifications:

How many days have you been absent from work in the past 12 months? _____

Is there any type of work which either your physical condition restricts or prohibits, or a physician has advised you not to perform? Yes No

If YES, describe _____

Do you have or are you eligible for a Michigan Vocationally Handicapped Worker's Certificate? This applies to persons having a back, diabetic, cardiac (heart) or epileptic disability. Yes No

- Ever covered by a surety bond? Yes No
- Ever denied surety bond or had such coverage revoked? Yes No
- Have a current military obligation? Yes No
- Have you ever been convicted of a felony? Yes No

If you wish to be considered for a position which may require the use of a car, please complete this section:

Driver's License No. _____

In connection with my application for employment from Baraga County Federal Credit Union, I understand and agree that investigative inquiries may be made on myself including, but not limited to, consumer credit, criminal convictions, educational transcripts, and other report of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance and experience together with reasons for termination of past employment.

I understand and agree that Baraga County Federal Credit Union may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences. I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so; further, I authorize the procurement of an investigative consumer report related to me acknowledge my understanding that such report may contain information as to my background, mode of living, character, and personal reputation.

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested. I hereby authorize investigation of all statements made by me with no liability arising there from.

To the best of my knowledge, the above statements are true and, I understand, if employed, omissions or misrepresentations are cause for dismissal.

Date

Signature of Applicant
(If filing electronically no signature is required.)
