

APPLICATION FOR EMPLOYMENT
SOUTHWEST COLORADO FEDERAL CREDIT UNION

Southwest Colorado Federal Credit Union is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Social Security Number _____

PERSONAL:

Name _____ Date _____
Last First Middle

Present Address _____
Number & Street City State Zip Code

Position Sought _____

Date Available _____ Salary Desired \$ _____ Phone Number _____

Are you over 18 years old? ____ Yes ____ No

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? ____ Yes ____ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION:

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of years completed (circle one) 1 2 3 4

Diploma: ____ Yes ____ No **G.E.D.** ____ Yes ____ No

School(s) _____ City/State _____

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training, Degrees or Licenses Applicable to Position:

School(s) _____ City/State _____

Degree or Certificate Earned _____

SKILLS:

Computer: Word Processing _____ wpm 10 key _____ kspm Other _____

Additional Skills Applicable to Position _____

Have you ever been employed by SWCFCU? ____ Yes ____ No

If so, please states dates of employment _____

RECORD OF CONVICTION:

During the last then years, have you ever been convicted of a crime other than minor traffic offense?

____ Yes ____ No (A conviction record will not necessarily be a bar to employment.)

If yes, explain: _____

Have you had any Bond Coverage modified or revoked, or has any application of the Bond ever been declined? ____ Yes ____ No

EMPLOYEMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ____ Yes ____ No

If any employment was under a different name, indicate name _____

I. Employer _____ City, State _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____ Salary _____ Supervisor _____

Reason for leaving _____

II. Employer _____ City, State _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____ Salary _____ Supervisor _____

Reason for leaving _____

III. Employer _____ City, State _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____ Salary _____ Supervisor _____

Reason for leaving _____

PROFESSIONAL REFERENCES

Please list three **professional** references (this may include previous supervisors, Human Resource Personnel, etc.). By completing the information below you are consenting to having representatives of Southwest Colorado Federal Credit Union contact these individuals to verify information you have provided regarding your previous employment, past performance, and suitability of employment. You are also waiving all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about you.

Name	Relationship	Years Known	Phone Number

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION:

I hereby state that all the information provided on this application or any other documents filled out in connection with my employment, as well as in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Southwest Colorado Federal Credit Union and any such information is later found to be false or incomplete in any respect, my employment may be terminated.

I understand that if hired, my employment is not for any definite period of time, is not governed by any written or oral contract, and is considered an “at-will” arrangement. This means I am free to terminate my employment at any time, for any reason, as is Southwest Colorado Federal Credit Union so long as there is no violation of application federal, state or local law. I also understand that if hired, I am required to abide by all policies, procedures, rules and regulations of Southwest Colorado Federal Credit Union.

Applicant Signature

Date

**FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION**

DISCLOSURE

A “consumer report” is any written, oral, or other communication of any information by a “consumer reporting agency” hearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor establishing the consumer’s eligibility for employment purposes.

AUTHORIZATION

The Southwest Colorado Federal Credit Union and affiliates, in accordance with the Fair Credit Reporting Act, reserves the right to perform Pre/Post Employment background searches on all employees hired by this institution. By signing below, I _____ hereby voluntarily authorize the Southwest Colorado Federal Credit Union and affiliates, to obtain a “consumer report” about me from a “consumer reporting agency” and to consider this report in making decisions regarding my employment. All information obtained is kept strictly confidential.

Signature _____ Date _____

Name _____ Social Security Number _____

Maiden/Former Names and Dates Used _____ Date of Birth _____

Current Address _____ City _____ State _____ Zip _____ County _____ How Long _____

Previous Address _____ City _____ State _____ Zip _____ County _____ How Long _____

**AUTHORIZATION & CONSENT TO
RELEASE PERSONAL REFERENCE INFORMATION**

I understand that in connection with the application process, Southwest Colorado Federal Credit Union may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal records.

Therefore, I request, authorize, and consent to the release of any and all such information to Southwest Colorado Federal Credit Union consistent with all state and federal laws, and hereby release and hold harmless every person or entity that communicates such information to Southwest Colorado Federal Credit Union in good faith and without malice from any and all claims or liability of any type whatsoever.

Applicant Signature _____ Date _____

RELEASE AUTHORIZATION
Applicant Complete the Following

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my work: worker's compensation injuries, driving record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota, Oklahoma, and California applicants only. If you want a copy of the report(s) ordered, check this box. The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Southwest Colorado Federal Credit Union or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the request for a release of any of the above mentioned information or reports.

Please print your full name

Please print other names you have used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

The following states require race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI

Male

Female

Asian

Black

Hispanic

White

Other

Drivers License Number

Name as it appears on license

Signature

Today's Date