



Bureau _____
 Bonding _____
 Background OK _____

APPLICATION FOR EMPLOYMENT

Application is to be completed by APPLICANT. Please print.

Date _____

If you need assistance or special accommodation to fill out this form please notify us immediately. If you require a disability related accommodation for an interview, please make your request at the time you are contacted for the interview.

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or non-job related medical condition.

| | | |
|---|---|---|
| Last Name (Legal) _____ | First Name (Legal) _____ | Middle Initial _____ |
| Present Address (Street) _____ | City _____ | State _____ |
| Telephone Contact Number _____ | Additional Phone # (If Applicable) _____ | |
| Previous Address (if less than 2 years) _____ | City _____ | State _____ |
| Position Desired: | Are you applying for a summer help only? Yes _____ No _____ Are you applying for a bilingual position? Yes _____ No _____ If Yes, what languages do you speak fluently? _____ | |
| Salary Desired: | | |
| Are you willing to work: | _____ Full-time (40 hrs/wk) _____ Limited Part-time (15-19 hrs/wk) | _____ Part-time (25-29 hrs/wk) _____ Occasional Weekends |
| Date Available for Employment: _____ | | |

Are you 18 years of age or over? If not, you will be required to obtain a work permit (the Credit Union will reimburse you)

Are you legally employable within the United States at the present time?

Have you ever applied to this organization for a job before?
 If yes, when?

Have you ever been employed by this organization?
 If yes, when?

What brought you to this organization? _____ Newspaper Ad _____ Employment Agency _____ School _____
 _____ Website _____ On My Own _____ Referred By: _____
(Name of Employee)

Other: _____

WORK EXPERIENCE:

Please account for all employment with present or most recent employer first. Explain periods of unemployment. If you need additional space, please request a separate sheet of paper.

Note: We will contact employer references. Please indicate if we should not contact a particular employer and if not, why?

| | | |
|--|----------------|-----------------------|
| (1) Company Name & Address | Phone | |
| <hr/> | | |
| Dates of Employment: _____ to _____ (month/year) (month/year) | Starting Wage: | Present/Final Salary: |
| Your Title: | | |
| <hr/> | | |
| Job Responsibilities: | | |
| <hr/> | | |
| <hr/> | | |
| Supervisor (Name & Title): | | |
| <hr/> | | |
| Reason For Leaving: | | |
| <hr/> | | |

| | | |
|--|----------------|-----------------------|
| (2) Company Name & Address | Phone | |
| <hr/> | | |
| Dates of Employment: _____ to _____ (month/year) (month/year) | Starting Wage: | Present/Final Salary: |
| Your Title: | | |
| <hr/> | | |
| Job Responsibilities: | | |
| <hr/> | | |
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| Supervisor (Name & Title): | | |
| <hr/> | | |
| Reason For Leaving: | | |
| <hr/> | | |

(3) Company Name & Address

Phone

Dates of Employment:

_____ to _____
(month/year) (month/year)

Starting Wage:

Present/Final Salary:

Your Title:

Job Responsibilities:

Supervisor (Name & Title):

Reason For Leaving:

EDUCATIONAL BACKGROUND

Name/Location of Schools Attended

**Did you
Graduate?**

Major Studies

High School: _____

College/Tech/Business School: _____

Graduate School: _____

Other: _____

List any special programs, seminars, classes, etc. you have attended:

PROFESSIONAL REFERENCES:

Give the names, addresses, and telephone numbers of three (3) professional references other than a relative.

NAME

ADDRESS

TELEPHONE

1) _____

2) _____

3) _____

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

I certify that the facts set forth in this application are true, correct and complete without misrepresentation or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, Capital Credit Union may deny me employment or terminate my employment, and I release Capital Credit Union from any and all liability if it does so.

I acknowledge that my employment and compensation may be terminated by me or by Capital Credit Union at any time, with or without cause or notice. This is not intended to be, and should not be construed as, constituting a contract of employment. I understand that any employment offered me by Capital Credit Union may be conditioned upon a favorable health evaluation, which may include drug testing.

I hereby acknowledge that I have read and understand the above.

Signed: _____ Date: _____

(Legal Signature)

NOTE: Please make sure to read and sign the enclosed consent form to check background history, as we cannot process this application without it.

**CONSENT TO PERFORM BACKGROUND CHECK IN
COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Date: _____
Driver's License # _____ Driver's License State _____

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

Street Address* Phone Number _____

City* County* State/ZIP* _____

Date of Birth** Social Security Number** _____

*** AS SHOWN ON THE ORIGINAL APPLICATION**

**** TO BE USED SOLELY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE**

This authorization of and consent to release of personal information acknowledges that **Capital Credit Union** (hereafter "Company") and/or its agent, Trak-1 Technology (hereafter "Trak-1") may now, or at any time I am assigned to, volunteer with or am employed by the Company, conduct investigations into my background, including but not limited to requests for and reviews of records, whether those records are of a public, private or confidential nature. I therefore hereby authorize any and all possessors or custodians of the following records to release to the Company or to Trak-1 copies of any or all such records, and I hereby agree to hold harmless any possessor/custodian from liability to me for its release of records consistent with this Consent: records of and from educational institutions attended; state driving records; financial or credit institution records, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorneys-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information on file with local, state or federal agencies; motor vehicle records; and worker's compensation related records; and medical records of any kind under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to the Company or to Trak-1 the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine my eligibility for employment under the Company's employment policies. Therefore, I authorize and consent to the release (either orally or in writing) of any records described above to the authorized representatives of the Company or Trak-1. In addition, I release and discharge the Company, its agents and entities producing records in accordance with this Consent to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from the collection or reporting of this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive from the Company, upon written request, a copy of the background report. I also understand that I may request a copy of the report from **Trak-1 Technology 4705 Palmetto Rd., Suite 4, Benton, LA 71006** at telephone number (318) 965-5756. After reading this document, I fully understand its contents and authorize the background verification. I hereby truthfully answer the questions below, as follows:

1. Have you ever been convicted or plead guilty to any federal or state crime or to any municipal ordinance violation (excluding traffic offenses)? YES NO
If YES, please explain:

2. Have you ever been the subject of a deferred adjudication or similar disposition by any federal or state court in a criminal case or by a municipal court in an ordinance violation? YES NO

If YES, please explain:

3. Have you been sentenced to probation or community supervision by any federal or state court for a criminal offense? YES NO

If YES, PLEASE EXPLAIN:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, please explain:

5. As of the date of this authorization, are there any criminal charges pending against you? YES NO

If YES, please explain:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE

| CITY/TOWN | COUNTY | STATE | DATES FROM | TO |
|-----------|--------|-------|------------|----|
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I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT, IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, MY APPLICATION FOR EMPLOYMENT WITH THE COMPANY MAY BE REJECTED OR, IF I ALREADY HAVE BEEN HIRED, I MAY BE TERMINATED.

Signed this ____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____