

For office use only



**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

APPLICATION NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of the Company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

**PERSONAL**

NAME \_\_\_\_\_  
Last First MI

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
No. Street City State Zip

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

POSITION(S ) APPLIED FOR \_\_\_\_\_

YOUR SALARY REQUIREMENT \_\_\_\_\_

**EDUCATION** (If diploma or degree was received under a different name, please include.)

NAME AND ADDRESS OF HIGH SCHOOL \_\_\_\_\_  
\_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ If not, do you have a GED? \_\_\_\_\_

NAME AND ADDRESS OF COLLEGE/UNIVERSITY \_\_\_\_\_  
\_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ LIST DEGREE ATTAINED \_\_\_\_\_

OTHER, including certifications \_\_\_\_\_

**PAST EMPLOYMENT**

(Starting with your current/most recent job, list employment for the past 10 years. You may list other employment if it is related to the position you are seeking.)

1. Name of Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (end) \_\_\_\_\_  hourly  
 yearly  
Dates (mo/yr) From \_\_\_\_\_ To \_\_\_\_\_  
Position Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving (or desiring to leave) \_\_\_\_\_  
Describe Work Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (end) \_\_\_\_\_  hourly  
 yearly  
Dates (mo/yr) From \_\_\_\_\_ To \_\_\_\_\_  
Position Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving (or desiring to leave) \_\_\_\_\_  
Describe Work Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST EMPLOYMENT**

3. Name of Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (end) \_\_\_\_\_  hourly  
 yearly  
Dates (mo/yr) From \_\_\_\_\_ To \_\_\_\_\_  
Position Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving (or desiring to leave) \_\_\_\_\_  
Describe Work Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (end) \_\_\_\_\_  hourly  
 yearly  
Dates (mo/yr) From \_\_\_\_\_ To \_\_\_\_\_  
Position Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving (or desiring to leave) \_\_\_\_\_  
Describe Work Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS**

Are you legally eligible to work in the USA?  Yes  No

If hired, you are required to submit proof of your eligibility to work in the USA.

Are you 18 or over?  Yes  No

Were you previously employed by Langley Federal Credit Union?  Yes  No

Are you related to anyone who currently works for Langley Federal Credit Union?  Yes  No

Have you ever been convicted for any violation(s) of law?  Yes  No

If YES, please give the conviction date and nature of the offense.

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May we contact your current employer?  Yes  No

Days/Hours Available:  M  T  W  Th  F  S Full Time  Part Time

Hours available: from \_\_\_\_\_ to \_\_\_\_\_

Can you work overtime?  Yes  No

**REFERENCES**

(List 3 individuals familiar with your work. Do not include relatives.)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANTS AUTHORIZATION FOR PROCUREMENT OF CREDIT REPORT  
FOR EMPLOYMENT PURPOSES**

Langley Federal Credit Union is a financial institution committed to providing superior financial services to meet our members' needs. Employees of the Credit Union are expected to meet the standards of conduct normally maintained by a financial institution such as the Credit Union.

All applicants considered for employment will have an investigation of their financial and credit report to insure the applicant is financially responsible. If adverse action is taken based on the results of an investigation, the applicant will be notified in writing.

Langley Federal Credit Union complies with all disclosure requirements and will not use any information obtained to violate any applicable federal or state equal employment opportunity law regulation.

I hereby authorize Langley Federal Credit Union to make any investigation of my financial and credit record through any investigation or credit agencies or bureaus of choice.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

## APPLICATION DATA RECORD/AFFIRMATIVE ACTION SURVEY

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is **voluntary** and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, and other legal responsibilities and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

(PLEASE PRINT)

Position applied for: \_\_\_\_\_

Referral Source:

- Advertisement                       Friend                       Walk In                       Employee
- Relative - Relationship: \_\_\_\_\_                       Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

Check One:             Female                       Male

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- White (Not Hispanic of Latino)
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian/Alaskan Native
- Two or more races

## APPLICANT CERTIFICATION AND RELEASE OF INFORMATION

Langley Federal Credit Union is a financial institution committed to providing superior financial services to meet our members' needs. Employees of the Credit Union are expected to meet the standards of conduct normally maintained by a financial institution such as the Credit Union.

This application for employment is active for one (1) year from the date of the application.

In consideration of my employment, I agree to abide by the rules of Langley Federal Credit Union and understand to be considered for employment an investigation of my financial and credit record is required. If adverse action is taken based on the results of an investigation, I, the applicant, will be notified in writing.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me.

I also authorize the companies, schools, or persons named on the application to give any information regarding my employment, character, and qualification. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. Langley Federal Credit Union complies with all disclosure requirements and will not use any information obtained to violate any applicable federal or state equal employment opportunity law or regulation.

I understand that any misleading or incorrect statements may render this application void and, if employed, could be cause for termination. Additionally, I authorize the Credit Union to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with legal and proper interest.

I hereby authorize Langley Federal Credit Union to make an investigation of my financial and credit record through any investigative or credit agencies or bureaus of choice. It is also Langley Federal Credit Union's practice to receive credit information, if employed, on an annual basis to ensure continued financial responsibility is maintained. I understand that my employment and compensation can be terminated with or with cause at any time at the option of the Credit Union or by myself.

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Signature of Applicant

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Date

**CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT**  
(Including Substance - Abuse Testing / Drug Testing)  
**DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION**

I authorize Langley Federal Credit Union and Verifications Inc., a consumer reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand substance-abuse testing/drug testing may be a requirement of the position for which I am applying, or the position I wish to retain. I consent to this testing and understand I must pass the substance abuse testing/drug test as a condition of employment or continued employment. I hereby authorize any physician, laboratory, hospital or medical professional to conduct such testing and release the results to authorized representative/s of the above-named company and/or Verifications, Inc. I understand only test results will be provided and not other medical information about me will be disclosed to anyone. I understand some or all of this information will be transmitted electronically and authorize such transmission.

I understand a Consume Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. Further, I understand the Consumer Report may include substance-abuse testing/drug testing results. I may request a copy of any report that is prepared regarding my and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to:

**Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201. Phone 1-800-247-1717 / 605-884-1200**

**If currently employed: My current employer may be contacted:**

Yes     No     N/A     Post Hire Only    \_\_\_\_\_ **Applicants Initials**

**Is employment/prospective employment in California?**     Yes     No

**If you are applying for employment in the state of California** please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

I hereby certify all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
SSN #

\_\_\_\_\_  
Date

NOTE: The following information is provided voluntarily and IS NOT considered part of your application. It is used only for identification purposes in verifying information on your Employment Application: **PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
List any other CITIES AND STATES in which you have lived during the previous 7 years.

\_\_\_\_\_  
List any other LAST NAMES you have used during the previous 7 years.

\_\_\_\_\_  
List any other LAST NAMES under which you received your GED, High School Diploma, or other degrees.