



# UKRAINIAN SELFRELIANCE FCU

Employment Application

## APPLICANT INFORMATION

|  |                     |                |                  |
|--|---------------------|----------------|------------------|
| Last Name  | First               | M.I.           | Date             |
| Street Address   |                     |                | Apartment/Unit # |
| City   | State               | ZIP            |                  |
| Phone  | E-mail Address      |                |                  |
| Date Available   | Social Security No. | Desired Salary |                  |
| Position Applied for   |                     |                |                  |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |                     |                |                  |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?   |                     |                |                  |

## EDUCATION

|             |    |                   |  |        |
|-------------|----|-------------------|--|--------|
| High School |    | Address           |  |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address           |  |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address           |  |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

## REFERENCES

Please list three professional references.

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone ( )    |
| Address   |              |

**PREVIOUS EMPLOYMENT**

|  |                    |                    |  |
|--|--------------------|--------------------|--|
| Company  |                    | Phone (    )       |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company  |                    | Phone (    )       |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company  |                    | Phone (    )       |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I affirm that the information provided on this application (and any accompanying resume) is true and complete and to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that if I am selected for this position, I will be a probationary employee for a period of at least ninety (90) days.

I understand that there is no guarantee of continued employment with Ukrainian Selfreliance Federal Credit Union.

I authorize persons, schools, current and previous employers and organizations named in this application (and accompanying resume) to provide any relevant information that may be requested to arrive at an employment decision. I understand that Ukrainian Selfreliance Federal Credit Union will consider any such information personal and confidential.

I understand that Ukrainian Selfreliance Federal Credit Union strives to provide a safe, efficient, and productive work environment for its employees; therefore, applicants and current employees may be asked to provide body substance samples (such as blood/urine) to determine illegal use of drugs or alcohol.

**Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_**

**THIS SPACE FOR ADDITIONAL EMPLOYMENT HISTORY**

## DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment. This report from a consumer reporting agency may include information bearing on your character, general reputation, personal characteristics, or mode of living, it is our normal practice to limit the consumer report to your current financial conditions, loans, and trade lines accurately.

This disclosure also is to inform you that our insurance company, CUNA Insurance, may also request a consumer report on you, which under normal practice will consist of your current financial loans and trade lines. The purpose of CUNA Insurance requesting a report will be for business insurance underwriting purposes. CUNA Insurance is not your employer or perspective employer and will not make any employment decisions relating to you.

### CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO OBTAIN A CONSUMER REPORT

I acknowledge that I have received a copy of the "Disclosure of Intent to Obtain a Consumer Report."

The Name and Address of the consumer reporting agency gathering the consumer report is:

EXEPRIAN, P.O. Box 2002, Allen TX 75013 – 888-397-3742 [www.experian.com](http://www.experian.com)

TRANS UNION, P.O. Box 1000, Chester, PA 19022 – 800-888-4213 [www.transunion.com](http://www.transunion.com)

EQUIFAX, P.O. Box 74021, Atlanta, GA 30374-0241 – 800-685-1111

I understand that I have the right to dispute with the consumer report any inaccurate information by directly contacting the agencies.

I voluntarily authorize you to obtain a consumer report regarding me in connection with my application for employment. I also voluntarily authorize CUNA Insurance to obtain a consumer report regarding me for employment purposes. I understand that CUNA Insurance is not my employer or prospective employer.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

Print Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Date of Birth Information will be used by the consumer reporting agency to try and insure an accurate investigation. It will not be used in any employment decision. The Age Discrimination in Employment Act prohibit discrimination against persons 40 years of age or older.