



Application for Employment

Our Company is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or veteran status; disability; genetic status, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Employee Information

Name _____
Last First Middle

Address _____
Street Apt. # City State Zip Code

Home Phone _____ Cell Phone _____ Email _____

Driver's License Number (if job related) _____ State _____ Exp. Date _____

Position(s) applied for _____ Date of application _____

Referral Source

- Walk-in _____
- Employee _____
- Job Fair _____
- Staffing Agency _____
- Advertisement _____
- Company website _____
- School _____
- Government Employment Agency _____
- Other Internet _____
- Other _____

If necessary, best time to call you is? _____ AM PM Home Cell

May we contact you at work? Yes No

If yes, work number and best time to call: _____ AM PM

Have you filed an application here before? Yes No

If yes, give date(s) and position(s): _____

Have you been employed here before? Yes No

If yes, give date(s) and position(s): _____

Is this application a request for reemployment following an extended military leave of absence from this

Company? Yes No

Are any of your relatives presently employed with the Company? Yes No

If yes, please provide names of relatives, their positions, and departments. _____

Are you legally eligible for employment in this country? Yes No

Are you employed now? Yes No Date available for work? _____

Desired salary range or hourly rate of pay? _____

Desired type of employment? Full time Part time Seasonal Temporary

Are you fluent in any foreign language (if job related)? List: _____

If you are under 18 and it is required, can you furnish a work permit? Yes No N/A

If no, please explain: _____

Will you relocate if job requires? Yes No Will you travel if job requires? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.* Yes No Need more information about the "essential functions" to respond

Have you entered into an agreement with any former or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

Have you ever had any bond coverage modified, revoked, or any application for a bond been declined? Yes No

Have you been convicted of or plead guilty or no contest to a felony or misdemeanor other than minor traffic violations such as speeding? Yes No

If yes, please complete the following (*a conviction record will not necessarily be a bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account*).

Conviction: _____ Location _____ Date _____

Please explain: _____

Social Security Number _____ - _____ - _____

Employment Experience

List all of your work experience including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____ Salary: Starting _____ Final _____

Reason for Leaving: _____

Work Performed: _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____ Salary: Starting _____ Final _____

Reason for Leaving: _____

Work Performed: _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____ Salary: Starting _____ Final _____

Reason for Leaving: _____

Work Performed: _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____ Salary: Starting _____ Final _____

Reason for Leaving: _____

Work Performed: _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

May we contact this employer? Yes No If no, why not? _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability _____

If not addressed on previous pages, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Education

	High School	College/University	Graduate/Professional	Other
School Name				
Diploma/Degree				
Years Completed				
Honors Received				
Describe Course of Study				

* Please include City and State for each type of school completed.

Skills/Training

Please summarize your job-related skills or specialized training: _____

Computer Skills (check all that apply. Include software titles and years of experience.)

- | | |
|--|---|
| <input type="checkbox"/> Word Processing _____ Years: ____ | <input type="checkbox"/> Internet _____ Years: ____ |
| <input type="checkbox"/> Spreadsheet _____ Years: ____ | <input type="checkbox"/> Other _____ Years: ____ |
| <input type="checkbox"/> Presentation _____ Years: ____ | <input type="checkbox"/> Other _____ Years: ____ |
| <input type="checkbox"/> E-mail _____ Years: ____ | <input type="checkbox"/> Other _____ Years: ____ |

List job related professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List job-related special accomplishments, publications, and awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

In your current or previous job, have you ever written instructions or directions to be followed by employees or customers? Yes No N/A

If yes, please explain: _____

List any additional information you would like us to consider. _____

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Job Title	Relationship to You	Phone	Email	# of years known
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Name	Job Title	Relationship to You	Phone	Email	# of years known
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Name	Job Title	Relationship to You	Phone	Email	# of years known
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Applicant Statement

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

I authorize the Company to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the Company. I also release the Company from all liability that might result from checking such references.

A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at the company is "at-will" and may be terminated by me or by the company at any time for any reason, with or without cause or notice. I understand that no employment offer is being made by the company at this time. I also understand that nothing in this application is intended to imply or create an employment contract and that no company representative has the authority to make any assurance to the contrary.

I also understand that if I am hired, I will be required to provide of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This company is an equal employment opportunity employer and does not discriminate against any person because of race, color, national origin, sex (gender), age, religion, disability, sexual orientation, veteran status, or any other characteristic protected by law referred to as "protected status". This company likewise does not tolerate harassment based on race, color, national origin, sex (gender), age, religion, disability, sexual orientation, veteran status, or any other characteristic protected by law referred to as "protected status". Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as vendor or company). The company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature

Date



Disclosure of Intention to Obtain A Consumer Report for Employment Purposes

In accordance with the Fair Credit Reporting Act section 604 (b) (2) Tucson Old Pueblo Credit Union may obtain a credit report on all individuals who apply for new employment, or current employees for retention or promotions.

_____	_____	_____
Applicant's Name	SS #	Date of Birth
_____	_____	_____
Applicant's Signature		Date

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize TOPCU to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, TOPCU may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand TOPCU may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature

_____/_____/_____
(Month/Day/Year)

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the TOPCU in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

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