

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. Please see resume is acceptable to write for Work Performed as long as a resume is submitted with the application.** 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? _____

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? _____

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? _____

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.

<i>Name</i>	<i>Job Title</i>	<i>Relationship to You</i>	<i>Phone</i>	<i>Email</i>	<i># of years known</i>
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<i>Name</i>	<i>Job Title</i>	<i>Relationship to You</i>	<i>Phone</i>	<i>Email</i>	<i># of years known</i>
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<i>Name</i>	<i>Job Title</i>	<i>Relationship to You</i>	<i>Phone</i>	<i>Email</i>	<i># of years known</i>
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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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