



# 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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## 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? \_\_\_\_\_

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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

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

If yes, please explain: \_\_\_\_\_

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## 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.

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## Skills/Training

Please summarize your job-related skills or specialized training: \_\_\_\_\_

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### 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.)

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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.)

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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. \_\_\_\_\_

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## 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.

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Applicant's Name

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SS #

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Date of Birth

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Applicant's Signature

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Date

### Consumer Report / Investigative Consumer Report Disclosure and Release of Information Authorization

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment.

I authorize **TOPCU (Tucson Old Pueblo Credit Union)** to procure a Consumer Report from **Verifications, Inc.**, and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. 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. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I understand that Verifications may transmit my personal information to its agents and information sources as necessary throughout the course of business. I may request a list of designated agents by contacting Verifications, Inc. at the address listed below. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I may request a copy of any report that is prepared regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act." I 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, USA. Phone 1-800-247-0717 / +1 605-884-1200.** For a copy of Verifications' privacy practices, visit [www.verificationsinc.com/eng/privacy.cfm](http://www.verificationsinc.com/eng/privacy.cfm)

May your current employer be contacted?  YES  NO  Not Currently Employed

California: Are you employed in, seeking employment in, or a resident of California?  YES  NO

California, Minnesota or Oklahoma: Are you employed in, seeking employment in, or a resident of one of these states?  YES  NO

If YES, do you wish to receive a copy of any Consumer Report of which you are the subject?  YES  NO

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

All Other US States: Please contact Verifications at 1-800-247-0717 or the address above to request a copy of your consumer report.

*I authorize the above-named company to procure a Consumer Report about me from Verifications, Inc. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. 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 this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.*

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Do not provide the following information until you have read and signed the *Disclosure and Release of Information Authorization* above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application. **PLEASE PRINT CLEARLY.**

Last Name		First Name		Middle Name
Street Address			City	
State/ Province		Country		ZIP/Postal Code
Driver's License No.		Country/State of License	Date of Birth (spell month)	
List any other COUNTRIES, 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 academic credentials.				

**If you have experience or qualifications from outside the USA, please request and complete an International Supplement.**