Blue Water Federal Credit Union

Employment Application

We are an Equal Opportunity Employer to the full extent of all applicable laws and do not discriminate on the basis of race, color, religion, national origin, citizenship, sex, age, marital status, height, weight or non-job related handicap.

PLEASE FILL OUT APPLICATION COMPLETELY.

TODAY'S DATE	PHONE NUMBER	ALTERNATE PHONE NUMBER

LAST NAME	FIRST	MIDDLE INITIAL

STREET ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE THAT ISSUED DRIVER'S LICENSE

TYPE OF WORK PREFERRED

1. 2.

Note: *If hired, the federal law requires that you furnish documentation providing identity and eligibility to work in the United States.*

ARE YOU A CITIZEN OF THE UNITED STATES? ☐ YES ☐ NO IF NO, DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

DO YOU NEED FULL-TIME EMPLOYMENT? ☐ YES ☐ NO	WILL YOU CONSIDER PART-TIME? ☐ YES ☐ NO	NUMBER OF HOURS DESIRED PER WEEK _____	RATE OF PAY EXPECTED: _____ PER: ☐ HOUR ☐ WEEK ☐ YEAR

HAVE YOU EVER APPLIED HERE BEFORE? ☐ YES ☐ NO

IF YES, LIST DATES:

WHAT OTHER EMPLOYMENT OR "SIDE LINE" BUSINESS DO YOU HAVE?	WOULD YOU WANT TO CONTINUE THIS IF EMPLOYED BY US? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO (*A conviction will not automatically bar you from employment.)*

IF YES, LIST DATES AND DETAILS:

HOW WERE YOU REFERRED TO US?	☐ EMPLOYEE NAME:	☐ FRIEND NAME:	☐ SCHOOL ☐ AGENCY	☐ AD PAPER:	☐ OTHER EXPLAIN:

EDUCATION / COURSE OF STUDY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES		DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED
HIGH SCHOOL				☐ YES ☐ NO	
TECHNICAL, BUSINESS, OR OTHER		FROM:	TO:	☐ YES ☐ NO	
COLLEGE OR UNIVERSITY		FROM:	TO:	☐ YES ☐ NO	

EMPLOYMENT HISTORY

List below past and present employment beginning with your most recent. Include U.S. Military experience.

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From	To Start $_____ ☐HOUR ☐WEEK ☐YEAR		
IMMEDIATE SUPERVISOR AND TITLE	To	Upon Leaving $ _____ ☐HOUR ☐WEEK ☐YEAR		
WORK TELEPHONE	MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO			

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From	To Start $_____ ☐HOUR ☐WEEK ☐YEAR		
IMMEDIATE SUPERVISOR AND TITLE	To	Upon Leaving $_____ ☐HOUR ☐WEEK ☐YEAR		
WORK TELEPHONE	MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO			

EMPLOYMENT HISTORY *(Continued)*

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From	To Start $_____ ☐HOUR ☐WEEK ☐YEAR		
IMMEDIATE SUPERVISOR AND TITLE	To	Upon Leaving $_____ ☐HOUR ☐WEEK ☐YEAR		
WORK TELEPHONE	MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO			

ANY PERIODS OF UNEMPLOYMENT? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN AND GIVE DATES:

PLEASE LIST SKILLS, ABILITIES, HOBBIES, TRAINING, ETC. WHICH YOU FEEL MAY BE AN ASSET. (EXAMPLE: BUSINESS MACHINES, VOLUNTEER WORK, ADDITIONAL LANGUAGES, DATA PROCESSING, CLERICAL, ETC.) _____

_____

_____

HAVE YOU EVER BEEN COVERED BY A SURETY BOND? ☐ YES ☐ NO

HAVE YOU EVER BEEN DENIED SURETY BOND OR HAD SUCH COVERAGE REVOKED? ☐ YES ☐ NO

IF YES TO EITHER, STATE DATES AND REASONS:

HAVE YOU HAD ANY EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN THE NATIONAL GUARD OR RESERVES? ☐ YES ☐ NO

IF YES, WHAT BRANCH? _____ RANK AT DISCHARGE _____ DATE OF DISCHARGE _____

SPECIAL TECHNICAL TRAINING:

REFERENCES *(Do not list relatives or former employers)*

Name	Address	Telephone	Years Known
1.			
2.			

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I authorize an investigation and verification of my employment, health, education, criminal conviction and financial record. I authorize my employer and former employers, references, credit reporting agencies/bureaus, medical facilities, educational institutions and any other persons contacted by the credit union to provide it with all records and information relevant to this employment application without any obligation to give me written notice thereof and I release all such parties from all liabilities arising from such disclosures. I also waive any claims against the credit union relating to such inquiries and disclosures and release the credit union, its directors, officers, employees and agents from any liability which might arise from such inquiries and disclosures.

I understand that I may be required to undertake a physical examination, including a drug and alcohol test, in connection with my application for employment. Such examination would be conducted by a physician or clinic selected by the credit union. I hereby authorize any such physician or clinic to release to the credit union such information derived from that examination as the credit union requires. I waive any claims that I might have on account of the physical examination, including the drug and alcohol test, requirement and the release of the physical examination, including the drug and alcohol test, information to the credit union. I understand that the credit union will accommodate, to the extent required by law, handicapped employees, to allow access to its facilities and employment opportunities. I also understand that I have 182 days from this date or the date I know reasonably should know that such accommodation is needed, to file a written request for such accommodations.

I agree that this application will be considered for a period of six months after this date or after such six months this application will be null and void. Any continuing interest in the credit union will require a new application.

I agree not to begin any action or suit, not expressly waived in this application, relating to my employment with the Credit Union more than six months after the date of termination of such employment and to waive any statute of limitations to the contrary.

If employed, I agree that the credit union, at its sole discretion, may terminate my employment at its will for any reason or no reason, with or without cause, at any time with or without advance notice or warning, and that the credit union's decision is not reviewable outside the credit union (except as may be provided by applicable statute). I understand and agree that no employee, manager, executive, board member, or other representative of the credit union, other than the chief executive officer, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and the chief executive officer will be effective. I understand and agree that no other oral or written statement, policy, or practice can change the at-will nature of my employment.

If employed, I agree to abide by all rules and regulations of the credit union.

To the best of my knowledge, the above statements are true and I understand, if employed, any false Information or material omissions may be cause for discipline or discharge.

Signature _____ **Date** _____

WE WISH TO EXPRESS OUR APPRECIATION
TO YOU FOR CONSIDERING US AS A POTENTIAL EMPLOYER