



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of race, religion, color, age sex, marital status, nationality, veteran status or non-disqualifying disability.

INSTRUCTIONS - PLEASE READ

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly, do not type. Answer all items, even if you have a resume. Check over your final application for accuracy, especially important numbers like Social Security number, phone numbers, etc. Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

Today's Date						
Last Name		First Name		Initial	Social Security Number	
Present Street Address			City	State		Zip
Previous Address if at present address less than 3 yrs			City	State		Zip
Home Telephone Number ()		Message Phone ()		Emergency Contact Person		Emergency Phone ()
Are you at least 18 years of age?	If under 18, do you have a work permit?		Can you provide proof that you can be lawfully employed in the U.S.?			
Have you applied for work here before?		If yes, when?		Have you worked for this company before?		If yes, when and in what job?
Do any of your relatives or persons of your same household work here? If yes, please give their names.						
We routinely check for criminal records of applicants. If your record includes any conviction, guilty plea, jail or prison time within the past 10 years, please explain:					Other names you have used and dates	

Position applied for:		Have you done this kind of work before? If yes, where?		Date you are available to start	
List other jobs you believe you may be qualified for:					
How were you referred to us?					
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Employee referral (name) _____		<input type="checkbox"/> School (name) _____	
<input type="checkbox"/> Walk-in		<input type="checkbox"/> Agency (name) _____		<input type="checkbox"/> Other (explain) _____	
Your Preferred Schedule:		What week days and hours are best for you?		What would be your second choice?	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Temp. / Seasonal			
<input type="checkbox"/> Part Time		<input type="checkbox"/> On Call			
Check if you are willing to accept regular work on:					Can you stay late on short notice if required?
<input type="checkbox"/> Full Time?		<input type="checkbox"/> Temp./Seasonal		<input type="checkbox"/> Day Shift?	<input type="checkbox"/> Night Shift?
<input type="checkbox"/> Part Time?		<input type="checkbox"/> On Call?		<input type="checkbox"/> Evening Shift?	<input type="checkbox"/> Weekends?
<input type="checkbox"/> Variable shifts?					
Any prior commitments which would require absence of more than a few hours in the next 12 months?			If Yes, Please explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you now, or do you expect to be engaged in any other business or employment?			If Yes, Please explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
List any certificates or licenses you hold related to your qualifications for the work you seek:					Desired Starting Salary:

EDUCATION

School Name and Full Address	Attended Dates:		Graduated?	Degree & Major Area	GPA
	From:	To:			
High School					
College/Univ.					
College/Univ.					
Trade, Other					
Are you currently a student? If Yes, Explain:	Scholastic honors achieved:				
Outside activities while in school which you feel reflect your abilities:					
Plans for future education/training:					

WORK HISTORY - Start with PRESENT or most recent employer. Include MILITARY experience or volunteer work if full time or your major activity.

Name of Organization		Employment Dates (Month and year)		Type of Business or Industry		
		From	To			
Street Address		City		State	Zip	
Supervisor Name, Title:	May we contact?	Phone Number ()	Your starting pay \$	Your ending pay \$	Employment Status (FT, PT, contract)	
Your job title(s), duties, skills used					Reason for leaving	

Name of Organization		Employment Dates (Month and year)		Type of Business or Industry		
		From	To			
Street Address		City		State	Zip	
Supervisor Name and Title		Phone Number ()	Your starting pay \$	Your ending pay \$	Employment Status (FT, PT, contract)	
Your job title(s), duties, skills used					Reason for leaving	

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		From	To			
Street Address		City		State	Zip	
Supervisor Name and Title		Phone Number ()	Your starting pay \$	Your ending pay \$	Employment Status (FT, PT, contract)	
Your job title(s), duties, skills used					Reason for leaving	

WORK HISTORY continued

Name of Organization	Employment Dates (Month and year)		Type of Business or Industry	
	From	To		
Street Address		City	State	Zip
Supervisor Name and Title	Phone Number ()	Your starting pay \$	Your ending pay \$	Employment Status (FT, PT, contract)
Your job title(s), duties, skills used				Reason for leaving

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in volunteer activities which may help assess your abilities.

OTHER SKILLS AND QUALIFICATIONS

Please mention any other skills, qualifications or experience pertinent to the career you seek. (e.g. - Computers, software, machines, tools, special certifications, etc.)

REFERENCES - Not former employers

Name	Address, City, State, Zip	Phone Number	Occupation

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize this employer to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment. I understand that employment may be contingent upon a post-offer physical examination by a medical doctor.

Upon an offer of employment I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

Signature of Applicant

Today's date



APPLICANT STATEMENT

The information provided in this Application of Employment is true, correct and complete. If employed, misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

APPLICANT SIGNATURE

DATE

PrimeSource
Employment Reference Verification Authorization

I, _____, authorize
my past employers to discuss details of my term of employment with PrimeSource Credit
Union. I hold my past employers harmless for any and all information shared with
PrimeSource Credit Union.

Signature



**'Notice of Intent' and 'Authorization'
to obtain an Investigative Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified that PrimeSource Credit Union may obtain an investigative consumer report for employment purposes through ACRAnet CBS Branch. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet CBS Branch for employment purposes at this time or anything during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of Oklahoma OR the state of Minnesota:
Yes No
If yes, by state stature, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.
Please provide me a copy of my credit report as indicated above

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

Previous Address: _____

Social Security Number: _____

Birth Date: ____/____/____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License Number (if applicable) _____ State of Issue: _____

Signature: _____ Date: _____