

## Basic Information

Full Legal Name				Date			
Physical Address			City			State	Zip
Home/Mobile Phone			Work Phone				

## Position Information

Position Applying For				Salary Desired	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year
Date Available			Employment Preference	<input type="checkbox"/> Full Time Position	<input type="checkbox"/> Part Time Position	<input type="checkbox"/> Temporary/Holiday Position
Eligible for employment in the USA?	<input type="checkbox"/> Yes, legally eligible. <input type="checkbox"/> No, not legally eligible.		If not US Citizen, please list VISA status			
Referral Status	<input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Application <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (specify) _____					

## Questions

Questions	Yes	No	Follow-up Questions
Are you under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES → If you are under 18 years of age, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have relatives currently employed at Four Seasons FCU?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES → Please list any relatives currently employed at Four Seasons FCU: _____
Have you ever worked at a credit union?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES → When and where did you work? _____
Have you been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES → Please provide related details: _____
Have you ever been bonded?	<input type="checkbox"/>	<input type="checkbox"/>	
Will you work overtime if needed?	<input type="checkbox"/>	<input type="checkbox"/>	

## Education

School Type	Name of Educational Institution	City	State	Last Year Completed	Major Course / Subject	GPA	Have Degree?
High School				1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade School				1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pursuing further studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES →	What courses and where? _____			

## Military History

Have you served in the US Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES →	What military branch did you serve in?		What dates did you serve?	
Describe any training you received that is relevant to the position you are applying for.						

## Skills

Check financial related skills you may have.	<input type="checkbox"/> Receptionist <input type="checkbox"/> Teller/Cashier <input type="checkbox"/> Member Service Representative <input type="checkbox"/> Secretary <input type="checkbox"/> Collections <input type="checkbox"/> Lending Officer <input type="checkbox"/> Branch Management						
Check any technical and software skills.	<input type="checkbox"/> Microsoft Windows 7 or 8 <input type="checkbox"/> Microsoft Office (Word/Excel/Powerpoint) <input type="checkbox"/> Other (Please Specify) _____						

## Additional Accomodations

Can you perform the essential job functions of the position(s) for which you are applying without reasonable disability accomodations?	<input type="checkbox"/> Yes - I can perform the job without accomodations. <input type="checkbox"/> No - My unique situation requires accomodations.		IF NO → PLEASE EXPLAIN
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# Employment Application

## Questions

<p>Use the space to the right to describe your interest in Four Seasons Federal Credit Union and the skills and attitudes that you feel qualify you for a position with us. You may wish to include participation in civic and community activities, professional societies and/or hobbies, sports, special training, and/or skills.</p> <p><b>DO NOT list organizations which reveal race, creed, color, religion, national origin, age, sex, or disability.</b></p>	
<p>If you are currently employed, why do you wish to make a change?</p>	
<p>Have you ever been discharged or requested to resign?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES →</b> Why?

## Employment History

Company				Phone			
Address				City			State
Your Title			Date - Start of Job			Starting Annual Salary	\$
Supervisor Name/Title			Date - End of Job			Ending Annual Salary	\$
List Job Duties							
Reason for Leaving							May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company				Phone			
Address				City			State
Your Title			Date - Start of Job			Starting Annual Salary	\$
Supervisor Name/Title			Date - End of Job			Ending Annual Salary	\$
List Job Duties							
Reason for Leaving							May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company				Phone			
Address				City			State
Your Title			Date - Start of Job			Starting Annual Salary	\$
Supervisor Name/Title			Date - End of Job			Ending Annual Salary	\$
List Job Duties							
Reason for Leaving							May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please account for any periods of unemployment. (Excluding School)	Date Beginning			Date Ending			Reason
	Date Beginning			Date Ending			Reason

## References - List two personal references. Do NOT include relatives and former employers.

Name				Address			Phone
Name				Address			Phone

## Terms and Conditions

### PLEASE READ CAREFULLY BEFORE SIGNING

In filling this application for employment, I authorize Four Seasons FCU to inquire into all statements made in this application, with full knowledge that any misrepresentation or omissions of facts will prejudice my application for employment, and may, if I become employed, be sufficient cause for dismissal from Four Seasons FCU. If I should be employed, I agree to abide by all rules and policies of Four Seasons FCU; and I understand I will be reviewed after the first ninety (90) days of employment. Completion of this application by me or its receipt by Four Seasons FCU does not indicate there are any positions open and does not in any way obligate Four Seasons FCU. I understand that as a part of normal procedure for processing employment applications and employment requests, a routine inquiry may be made concerning information of character, general reputation, credit, personal characteristics, mode of living, and driving records, and any reports connected with such records. I authorize such investigations and acknowledge that information on the nature and scope of such reports, if any are made, is available upon written request. All applicants are hereby notified that employment applications are valid for sixty (60) days. After sixty (60) days, a new application must be completed.

### Print, Date, and Sign

Print Legal Name		
Date		

In consideration of my employment, I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Four Seasons FCU or me. I understand that no one (other than the Board of Directors of Four Seasons FCU) has the authority to enter into any agreement which will modify at will nature of the employment relationship and further agree that the at will nature of my employment relationship cannot be modified except by the express written agreement signed by an authorized representative of the Board of Directors of Four Seasons FCU and specifically purporting to modify or terminate the at will nature of my employment relationship with Four Seasons FCU.

I, the undersigned, of my own free will and without duress, agree in connection with my application for employment with Four Seasons FCU to submit to alcohol/drug testing. I agree that the results of alcohol/drug testing will become a part of my employment application and my personnel file in the event I am employed. I understand that these alcohol/drug examinations may be repeated from time to time during my employment, and I understand that as a condition of my employment and continued employment, Four Seasons FCU may, from time to time, require me to submit specimens of blood, urine, and other bodily fluids for testing to determine the presence of alcohol and/or controlled substances. I hereby authorize and consent to such testing and do hereby authorize the testing agency to release the results of any such test to Four Seasons FCU. I understand that if I fail to comply with Four Seasons FCU's request in this regard or to furnish the appropriate samples when and as requested, I will be subject to termination. I understand that any of my personal items brought into Four Seasons FCU, including lunch boxes, purses and packages, are subject to search(s) at any time. I also understand that my locker or desk is subject to search at any time. I consent to such search(s) and agree to cooperate with Four Seasons FCU, if required. Failure to cooperate in a Four Seasons FCU authorized search shall be grounds for immediate termination of my employment.

I hereby waive and release any claims and causes of action of every kind whatsoever against Four Seasons FCU, any of its officers and employees, and any person, firm, or corporation engaged by Four Seasons FCU in taking and maintaining such alcohol/drug tests, and conducting searches, or from any resulting action or non-action by Four Seasons FCU because of such tests, or in conducting any investigation concerning my background, which I may now or in the future have arising out of or in connection with the foresaid alcohol/drug test or investigative procedures.

We are an equal opportunity employment company. We are dedicated to a policy of nondiscriminatory employment on any basis including race, creed, color, religion, sex, age, national origin or disability unrelated to job performance. Four Seasons FCU also takes affirmative action as required by law or statute to hire qualified veterans, veterans of Vietnam Era, and disabled persons.

### Print, Date, and Sign

Print Legal Name		
Date		