

APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Applicant Information

Please complete the form completely and submit to our HR department.

Date: _____ How did you learn about us? _____

Do any of your friends or relatives work here? YES NO

Position(s) _____

Applied for: _____

Social Security # (Voluntary): _____

Full Name: _____

Last *First* *Middle*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Full Time Part Time Temporary Date Available to Start: _____

Desired Salary: \$ _____ Can you travel locally if a job requires it? YES NO

Are you currently on "lay-off" status and subject to recall? YES NO YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?

Have you ever filed an application with us before? YES NO If yes, when? _____

Have you ever had any bond coverage modified, declined, or revoked? YES NO If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Applicant's Statement

I certify that my answers are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If this application leads to employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

Once completed send to paula@siouxlandfederalcu.com