

## EMPLOYMENT APPLICATION

*An equal opportunity employer*

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, handicap or any other basis prohibited by law.

**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 YEARS THERE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE THAT ISSUED DRIVER'S LICENSE
POSITION APPLIED FOR (BE SPECIFIC)		
1. _____ 2. _____		
<i>Note: If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States.</i>		
ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU NEED FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU CONSIDER PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF HOURS DESIRED PER WEEK: _____ RATE OF PAY EXPECTED PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR
HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATES:	HAVE YOU EVER WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO (A conviction will not automatically bar you from employment)		
IF YES, LIST DATE AND DETAILS:		
HOW WERE YOU REFERRED TO US?	<input type="checkbox"/> EMPLOYEE NAME:	<input type="checkbox"/> FRIEND NAME:
	<input type="checkbox"/> SCHOOL NAME:	<input type="checkbox"/> AGENCY NAME:
	<input type="checkbox"/> AD PAPER:	<input type="checkbox"/> 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			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical, Business, or Other		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> 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		
IMMEDIATE SUPERVISOR		\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE	To:	Upon Leaving		
WORK PHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS	From:	To Start		
IMMEDIATE SUPERVISOR		\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE	To:	Upon Leaving		
WORK PHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**EMPLOYMENT HISTORY (Continued)**

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start		
IMMEDIATE SUPERVISOR	To:	\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE		Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
WORK PHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ANY PERIODS OF UNEMPLOYMENT?  YES  NO  
IF YES, PLEASE EXPLAIN AND GIVE DATES:

PLEASE LIST ANY 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 FIDELITY BOND?  YES  NO

HAVE YOU EVER BEEN DENIED FIDELITY BOND COVERAGE, HAD A BOND CARRIER IMPOSE AN INDIVIDUAL DEDUCTIBLE SPECIFICALLY ON YOU, 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:**

In return for the credit union's consideration of my application for employment, I agree as follows:

- I authorize an investigation and verification of my employment, education, criminal conviction and credit report. I authorize my employer and former employers, references, 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 to the extent permitted by law. I also, to the extent permitted by law, (a) waive any claims against the credit union relating to such inquiries and disclosures and (b) 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 post offer physical examination, including a drug and alcohol test, in connection with my application for employment and I agree to do so. Such examination will 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 the examination as the credit union requires. I waive, to the extent permitted by law, 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, employees with disabilities to allow access to its facilities and employment opportunities. I also understand that I will be required to file a written request for an accommodation on the date I know or reasonably should know that such accommodation is needed.
- I agree that this application will be kept on file for a period of one (1) year after this date. I understand and acknowledge that unless I am hired before the end of this period, this application will be null and void and any continuing interest in the credit union will require a new application.
- 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 (except for any reason which may be prohibited by applicable statute), 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 law). I understand and agree that no employee, manager, executive, board member, or other representative of the credit union, other than HR or the CEO, 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 Journey FCU 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 policies, rules and regulations of the credit union, as well as the rules and regulations that govern the credit union's operations.

The information I have provided is true and complete and I understand any false information or material omissions is cause for rejection of this application and termination of employment no matter when discovered.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**Disclosure of Intention to Obtain Consumer Report or Investigative  
Consumer Report for Employment Purposes**

This disclosure is being provided to you under the Federal Fair Credit Reporting Act ("FCRA"). 15 U.S.C. §1681 and Federal Trade Commission regulations contained in 16 C.F.R. Part 601, Appendix C. Under the FCRA and its implementing regulations, the employer is required to make a clear and conspicuous written disclosure to you that it may obtain a consumer report and/or an investigative consumer report on you from a national consumer reporting agency.

A consumer report or an investigative consumer report may include information regarding your character, general reputation, personal characteristics, police record, employment history, qualifications, mode of living, education, motor vehicle record, and/or credit and indebtedness.

Either of these reports may be obtained at any time during the application process or your employment with the employer. Information contained in such report may be considered by the employer in making decisions about your prospective or continued employment with the employer.

Upon a timely request, the employer will provide you with a complete and accurate disclosure of the nature and scope of the information requested, as well as the name, address, and telephone number of the reporting agency within five days after the employer's receipt of the request or five days after the report is ordered, whichever is later.

Prior to any adverse employment action being taken based in whole or in part on a consumer report (or investigative consumer report), the employer will provide you with a copy of the report (and the name, address, and telephone number of the reporting agency) and a written description of your rights under the FCRA.

I, the undersigned Applicant/Employee, acknowledge that I received this Disclosure of Intention to Obtain Consumer Credit Report for Employment Purposes.

\_\_\_\_\_  
Applicant's/Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Employee's Printed Name

**Authorization for Release of Consumer Report/Investigative  
Consumer Report for Employment Purposes**

In connection with my application for or continued employment, I, the undersigned Applicant/Employee, understand that Journey Federal Credit Union may obtain a consumer report or an investigative consumer report which may include information regarding my character, general reputation, personal characteristics, police record, employment history, qualifications, mode of living, education, motor vehicle record, and/or credit and indebtedness. In addition, Journey Federal Credit Union may also obtain information regarding my past activities from federal, state, local, and/or other agencies which contain my past activities.

I hereby authorize without reservation any and all parties or agencies contacted by Journey Federal Credit Union to furnish the aforementioned information, so that my employment qualifications may be evaluated. I further authorize Journey Federal Credit Union to procure the aforementioned information at anytime during my employment or contract, and that a fax or photocopy of this authorization (with my signature) will suffice as the original. I acknowledge that Journey Federal Credit Union has made a full and complete disclosure of its intention to obtain such reports on me as required by law.

\_\_\_\_\_  
Applicant's/Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Employee's Printed Name

\_\_\_\_\_  
Applicant's/Employee's Social Security Number

\_\_\_\_\_  
Applicant's/Employee's Address

\_\_\_\_\_  
Applicant's/Employee's Driver's License Number (and State)