

TODAY'S DATE _____

Application for Employment

Community West Credit Union

An Equal Opportunity Employer

NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

CURRENT ADDRESS

PHONE NUMBER

It is COMMUNITY WEST CREDIT UNION's policy to provide equal employment opportunities in all aspects of the employment relationship—including recruitment, hiring, promotion, and all conditions and privileges of employment—to all employees without discrimination because of race, creed, color, age, religion, sex, national origin, qualifying disability, marital status, height, weight or veteran status. No question on this application is intended to elicit information for a discriminatory purpose.

Are you at least 18 years old? _____

Do you have the right to remain permanently in the U.S. and do you have authorization to work in the U.S.? _____

Have you worked under a different name before? _____ If yes, explain: _____

Position Applied for (use specific title) _____

How did you learn about this opening? _____

Times you can work: _____ Day _____ Afternoon _____ Night

Are you presently employed? _____ If yes, where? _____

Have you ever applied with us before? _____ If so, when and for what position? _____

Salary expected _____

Are you related to anyone who currently works for COMMUNITY WEST CREDIT UNION? _____

If yes, please give their name and relationship to you. _____

EDUCATION

Name & Location	Course of Study/Major	# Years Completed	Degree/Diploma
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High School	_____	_____	_____
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College	_____	_____	_____
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Trade School	_____	_____	_____
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Other formal education, training, or experience which you feel is relevant to the position for which you are applying _____

Extracurricular Activities: _____

Have you ever been convicted of or entered a plea for any crime (misdemeanor and/or felony)? _____

If yes, state the crime(s) and explain _____

Are any felony charges pending against you? _____ If yes, explain: _____

EMPLOYMENT HISTORY

List below your past and present employment, starting with the most recent. Include U.S. military service experience. Do not skip any employers.

1. Name and Address _____

Position _____ Starting Salary _____ Ending Salary _____

Description of Duties _____

Supervisors Name _____ Dates Employed: From _____ To _____

Reason for Leaving _____

2. Name and Address _____

Position _____ Starting Salary _____ Ending Salary _____

Description of Duties _____

Supervisors Name _____ Dates Employed: From _____ To _____

Reason for Leaving _____

3. Name and Address _____

Position _____ Starting Salary _____ Ending Salary _____

Description of Duties _____

Supervisors Name _____ Dates Employed: From _____ To _____

Reason for Leaving _____

4. Name and Address _____

Position _____ Starting Salary _____ Ending Salary _____

Description of Duties _____

Supervisors Name _____ Dates Employed: From _____ To _____

Reason for Leaving _____

APPLICATION STATEMENT

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – verbal or written – may disqualify me for further consideration for employment and may result in discipline or dismissal, at COMMUNITY WEST CREDIT UNION’s discretion, if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of employment, educational, and criminal history, including discipline and attendance records, and agree to cooperate fully in such investigation. I release from all liability and responsibility all persons and entities requesting or supplying such information and waive any right to notice of such disclosure.

Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to COMMUNITY WEST CREDIT UNION. I hereby give my consent for COMMUNITY WEST CREDIT UNION, through an authorized testing service of its choice, to collect blood, urine, or other samples from me to determine the presence of alcohol, drugs, or controlled substances, and I release COMMUNITY WEST CREDIT UNION from any liability arising out of such tests or its results. I acknowledge that remaining drug free of drug use and complying with COMMUNITY WEST CREDIT UNION’s substance abuse policy is a condition of my employment.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask to attempt a reasonable accommodation for it. I must let COMMUNITY WEST CREDIT UNION know of my need for accommodation, in writing, within 182 days of when I knew or should have known of my need for such accommodation.

I understand that all COMMUNITY WEST CREDIT UNION employees are employed on an at-will basis and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No one other than the COMMUNITY WEST CREDIT UNION Board of Directors has authority to offer employment for any specified period, or to make any different agreement. No such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by me and the COMMUNITY WEST CREDIT UNION Board of Directors. Without limiting the foregoing, I further understand that I am required by all rules and regulations of COMMUNITY WEST CREDIT UNION and to work the hours, days and shifts as scheduled by management.

APPLICANT SIGNATURE

NOTICE
FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the employment application process, and for subsequent employment purposes (if you are hired) at Community West Credit Union, a consumer report may be obtained. This type of report is generally called a credit report.

In accordance with the Fair Credit Reporting Act, by signing below, you authorize Merchant Service Bureau, Inc., or any other consumer reporting agency, to obtain and provide consumer reports to Community West Credit Union for employment purposes.

Applicant (Please print)

Signature

Date