APPLICATION FOR EMPLOYMENT

Marshall Community Credit Union is an equal opportunity employer. We do not discriminate in hiring because of age, race, creed, color, national origin, sex or handicaps

GENERAL INFORMATION			Date:		
Name (Last)	(First)		(Middle Initial)	Home Telephone	
Address (Mailing Address)	(City) (State)		(State)	(Zip)	Other Telephone
E-Mail Address		Are you legally entitled to work in the U.S.? Yes No			
If you are not a citizen of the U.S. under what type of permit do you have the legal right to work in the U.S.?		List languages you speak fluently			
Social Security Number		Driver's License Number			
Have you been convicted of a crime in the last seven years? Yes No If yes, please explain.					

POSITION

Position Or Type Of Employment Desired	Will Accept:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?	Full-Time Temporary Any Available
Will you work over time 🗌 Yes 🗌 No	
Salary Desired	Date Available

Education

High School Graduate Or General Edu If no, list the highest grade completed	· · ·	t Passed?	Yes 🗌 No			
Names of Educational Institutions						
	Dates	Credits Earned				
Name and Location	Attended Month/Year	Quarterly or Semester Hours	Other (Specify)	Graduate	Degree & Year	Major or Subject
	From			🗌 Yes		
	То			🗌 No		
	From			🗌 Yes		
	То			🗌 No		
	From			🗌 Yes		
	То			🗌 No		
	From			🗌 Yes		
	То			🗌 No		

SPECIAL SKILLS (Do you have any other experience, knowledge, skill or talent which you feel qualifies you to work for the credit union?)

WORK EXPERIENCE (Most Recent First)

WORN ENPERIENCE (Most Recent First)	1		1
Employer	Telephone Number		From (Month/Year)
Address			
Job Title	Number Employees Sup	To (Month/Year)	
Specific Duties (Maximum 350 characters)			
			Hours Per Week
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This E	mployer? Yes No
Employer	Telephone Number		From (Month/Year)
Address			
Job Title	Number Employees Sup	ervised	To (Month/Year)
Specific Duties (Maximum 350 characters)			
			Hours Per Week
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This E	mployer?
Employer	Telephone Number		From (Month/Year)
Address			
Job Title	Number Employees Sup	ervised	To (Month/Year)
Specific Duties (Maximum 350 characters)			
			Hours Per Week
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This E	mployer? 🗌 Yes 🗌 No
Employer	Telephone Number		From (Month/Year)
Address	•		
Job Title	Number Employees Sup	ervised	To (Month/Year)
Specific Duties (Maximum 350 characters)			
			Hours Per Week
			Last Salary
			Supervisor
		May We Contact This E	mployer? Yes No

Refrences

Name	Address	Phone



Authorization:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the employer.

I understand that any employment is conditioned on a background check. I authorize the financial institution to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the credit union, without giving me prior notice of such disclosure. In addition, I release the financial institution, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the financial institution. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the financial institution unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the credit union and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the financial institution the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the financial institution's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the financial institution to hire. If hired, I agree to abide by all financial institution work rules, policies and procedures. The financial institution retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature of Applicant_____

Date