

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

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			

POSITION

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

Education

High School Graduate Or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

Names of Educational Institutions						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

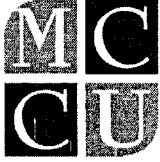
SPECIAL SKILLS (Do you have any other experience, knowledge, skill or talent which you feel qualifies you to work for the credit union?)

WORK EXPERIENCE (Most Recent First)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
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		Last Salary
		Supervisor
		Reason For Leaving

References

Name	Address	Phone



Marshall Community
Credit Union

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 _____