



Federal Credit Union

EMPLOYMENT APPLICATION

APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, RELIGION, AGE, SEX, COLOR, NATIONAL ORIGIN, MARITAL STATUS, OR PHYSICAL HANDICAP.

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Home Phone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

Email Address _____

Can you travel if the job requires it? Yes No Do you have a valid driver's license in this state? _____

Position(s) applying for _____

Expected salary _____ Available Date _____

Full-time Part-time Temporary

Days and hours available for work? (Sunday – Saturday) _____

Have you ever applied here before? Yes No Date _____

List any relatives working for UARK FCU, and state relationship: _____

Have you ever been bonded? Yes No

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? YES NO IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION. (A CONVICTION IS NOT ABSOLUTE GROUNDS FOR DISQUALIFICATION. THE NUMBER, NATURE, RECENCY, AND RELATIONSHIP TO THE JOB APPLIED FOR WILL BE EVALUATED IN REVIEWING THIS APPLICATION. A "YES" ANSWER WILL BE DISCUSSED WITH YOU BY THE INTERVIEWER.)

EDUCATION

Name and Location of School	Years Completed				Graduated Month & Year	Major Course Or Subject	Degree
	9	10	11	12			
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other							

Are you studying at the present time? _____ What? _____ Where? _____

Do you plan to further your education? _____ When? _____ Where? _____

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS

Starting with present or most recent, list **ALL PREVIOUS EMPLOYERS REGARDLESS OF TYPE OF POSITION OR LENGTH OF TIME ON THE JOB**. If employed by any of the following companies under another name, please indicate in the space provided. If you need more space to complete your employment history, please print additional copies of this page.

1	MOST RECENT COMPANY NAME				TELEPHONE ()-	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM: TO:
	NAME OF SUPERVISOR			POSITION YOU HELD		
	RATE OF PAY STARTING				ENDING	
	DESCRIBE YOUR JOB DUTIES:				REASON FOR LEAVING	
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/>		
YOUR NAME WHEN YOU WORKED THERE:						

2	COMPANY NAME				TELEPHONE ()-	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM: TO:
	NAME OF SUPERVISOR			POSITION YOU HELD		
	RATE OF PAY STARTING				ENDING	
	DESCRIBE YOUR JOB DUTIES:				REASON FOR LEAVING	
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/> INVOLUNTARY/TERMINATED		
YOUR NAME WHEN YOU WORKED THERE:						

3	COMPANY NAME				TELEPHONE ()-	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR			POSITION YOU HELD		
	RATE OF PAY STARTING				ENDING	
	DESCRIBE YOUR JOB DUTIES:				REASON FOR LEAVING	
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/> INVOLUNTARY/TERMINATED		
YOUR NAME WHEN YOU WORKED THERE:						

4	COMPANY NAME				TELEPHONE ()-	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR			POSITION YOU HELD		
	RATE OF PAY STARTING				ENDING	
	DESCRIBE YOUR JOB DUTIES:				REASON FOR LEAVING	
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/> INVOLUNTARY/TERMINATED		
YOUR NAME WHEN YOU WORKED THERE:						

<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	BRANCH OF SERVICE
DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	PERIOD OF ACTIVE DUTY (MONTH AND YEAR) FROM _____ TO _____
	RANK AT DISCHARGE
	DATE OF FINAL DISCHARGE

SPECIAL SKILLS:

General Office:	Teller:	Accounting:	Computer Experience:	Other:
<input type="checkbox"/> Ten Key – Sight	<input type="checkbox"/> Cash Handling	<input type="checkbox"/> General Acct.	<input type="checkbox"/> Windows	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Ten Key – Touch	<input type="checkbox"/> Balancing	<input type="checkbox"/> A/P	<input type="checkbox"/> MS Word	<input type="checkbox"/> Sales
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Teller	<input type="checkbox"/> A/R	<input type="checkbox"/> MS Excel	
<input type="checkbox"/> Telephone		<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> MS Access	
		<input type="checkbox"/> Payroll	<input type="checkbox"/> MS Powerpoint	
		<input type="checkbox"/> Auditing		

Other Experience:

(Please indicate experience and any specialized training)

State any additional information you feel may be helpful to us in considering your application.

How were you referred to our company?

- Walk In
- Advertising (Please Identify) _____
- Employee (Please Identify) _____
- Internet
- Other (Please Identify) _____

PLEASE READ BEFORE SIGNING

If you have any questions regarding this statement, please ask the interviewer before signing.

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief.

In the event of employment, I understand that false or misleading information and/or concealment or omission of material fact given in my application or interview(s) may result in immediate termination. I further understand that submission of this application does not imply that I will be interviewed or employed.

DATE _____ / _____ / _____ SIGNATURE OF APPLICANT _____

—APPLICATION MUST BE SIGNED—

**AUTHORIZATION FOR RELEASE
OF EMPLOYMENT INFORMATION**

I request and authorize my past employers to furnish UARK Federal Credit Union any information requested concerning my prior employment. Copies of the authorization may be used.

Signature

Social Security Number

Date

I may have worked using the following name(s):

-----FOR COMPANY USE ONLY-----

COMPANY NAME: _____

ADDRESS: _____

EMPLOYMENT DATES:

FROM	TO	ENDING POSITION	ENDING SALARY	REASON FOR LEAVING				
				EXCELLENT	VERY GOOD	AVERAGE	FAIR	POOR
Quantity of Work	_____	_____	_____	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____	_____	_____	_____

Would you reemploy the applicant? Yes No

If "No", please state reason(s):

I certify that the above information is true and correct to the best of my knowledge.

Signature

Title

Date

