



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. Selection decisions are based on job related factors. We are an Equal Opportunity Employer.

INSTRUCTIONS TO APPLICANT: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use a continuation sheet if you need additional space to complete an answer. PLEASE PRINT all answers except for your signature. No question is intended to imply illegal preferences or discrimination based upon non-job related information.

Date Applying: _____ What date are you available to start work: _____

Position(s) applied for _____ Full Time Part Time Temporary

If applying for Part-Time – List days and hours available:

PERSONAL DATA (Please Print)

Name: _____ Soc. Sec. #: _____

Address: _____

No. _____ Street _____ City _____ State/Zip _____
Daytime Telephone No. : _____ Alternate Telephone: _____

Are you over 18 years of age? Yes No. (If hired, you may be required to submit proof of age)

If hired, can you furnish proof of eligibility to work in the United States? Yes No

Salary or Wages desired: \$ _____ Hour Annual

Have you worked for us before?: _____. If YES, when? _____ Position _____

Are you presently employed? Yes No. If yes, may we contact your present employer? Yes No. If "No", why not?

If hired, will you work overtime if required? Yes No

How did you learn about the position in which you are applying? _____

Do you have any friends or relatives working at this Credit Union? _____

Have you ever been bonded in prior employment? _____. If YES, list name(s) of employer(s):

GENERAL AND SPECIAL SKILLS

Have you ever been convicted of a crime (except minor traffic violations)? Yes No If yes, please explain. (A "Yes" answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying are considered)

Have you even been fired or asked to resign? Yes No If yes, please explain:

If hired, would you have a reliable means of transportation to and from work? Yes No

Do you speak, write or understand any foreign languages? (Optional) Yes No If so, which one(s)?

List any special skills, qualifications, or software proficiencies that you feel are pertinent to the position which you are applying?

EDUCATIONAL BACKGROUND

| Name & Location of School | COURSE OF STUDY | YEARS COMPLETED | DID YOU GRADUATE? |
|-----------------------------------|-----------------|-----------------|-------------------|
| High School | | | |
| College/University (List up to 3) | Major/Degree: | | |
| | | | |
| | | | |
| Military/Vocational/Other: | | | |
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| | | | |

EMPLOYMENT HISTORY (Start with most recent employer, include any military service, and explain any gaps in employment history)

| | | | |
|---------------------|------------------|------------------------------|-----|
| Employer: | Phone: | From: | To: |
| Address: | City, State, Zip | Position: | |
| Nature of work: | | Supervisor's Name and phone: | |
| | | Starting Salary/Wages: | |
| Reason for Leaving: | | Final Salary/Wages: | |
| | | | |
| Employer: | Phone: | From: | To: |
| Address: | City, State, Zip | Position: | |
| Nature of work: | | Supervisor's Name and phone: | |
| | | Starting Salary/Wages: | |
| Reason for Leaving: | | Final Salary/Wages: | |
| | | | |
| Employer: | Phone: | From: | To: |
| Address: | City, State, Zip | Position: | |
| Nature of work: | | Supervisor's Name and phone: | |
| | | Starting Salary/Wages: | |
| Reason for Leaving | | Final Salary/Wages: | |
| | | | |
| Employer: | Phone: | From: | To: |
| Address: | City, State, Zip | Position: | |
| Nature of work: | | Supervisor's Name and phone: | |
| | | Starting Salary/Wages: | |
| Reason for Leaving | | Final Salary/Wages: | |
| | | | |

PROFESSIONAL REFERENCES

(Give three professional references from individuals who are not related to you)

| NAME | TITLE/COMPANY | YEARS KNOWN | TELEPHONE |
|------|---------------|-------------|-----------|
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EMPLOYMENT BACKGROUND AUTHORIZATION

1. I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. When I responded to questions on this application, I continued on a separate sheet of paper and attached it to this application when I required more space to fully answer all questions.
2. I understand that an investigative report may be generated on me that may include information as to written, oral, or other -- from a consumer reporting agency bearing on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all-federal, state, city and county jurisdictions. Included as well but not limited to State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration. As well as Military National Personnel Record Center, Educational institutions including but not limited to transcripts or any individual, company, firm, corporation, present and/or past employers, public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that Western Vista Federal Credit Union and /or their agent Gall & Gall Company, Inc. may be requesting information from public and private sources about any of the information noted earlier in this paragraph.
3. If applicable all medical and workers' compensation information will be requested in compliance with all Federal and State laws including the Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
4. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor. I understand that all company property, if any, must be returned upon termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company for property not returned, in addition to any other remedies available to the Credit Union.
5. I hereby authorize, without reservation, any one contacted by Western Vista Federal Credit Union to furnish the information described in Section 1.
6. I understand that all company property, if any, must be returned upon termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company for property not returned, in addition to any other remedies available to the Credit Union.
7. I understand this application does not constitute an employment contract of any kind nor guarantee employment for any definite period of time. Should I be employed by Western Vista Federal Credit Union, I may resign such employment at any time at my discretion with or without prior notice and Western Vista Federal Credit Union may terminate my employment at any time at their discretion, with or without cause and with or without prior notice. (This application will remain active for a limited period of time).

APPLICANT PLEASE COMPLETE THE FOLLOWING:

Signature

Today's Date

Please, print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please, print other names you have used

Social Security Number

Date of Birth

Driver's License Number and State

Name as it appears on License

I understand that I have a right to request disclosure of the nature and scope of the report if it involves personal interviews with sources such as my friends, acquaintances, or others who may have relevant information. I understand I have the right to receive a copy of my information report.

THIS IS NOT AN EMPLOYMENT CONTRACT

FAIR CREDIT REPORTING ACT NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy, Gall & Gall Company, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement and maintain original release forms of the applicant for those numbers of years to comply with the F.C.R.A. This assures Gall & Gall Company, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. Gall & Gall Company, Inc., 8555 N. Dixie Drive, Dayton, Ohio 45414, 937-264-4900 or 1-800-759-4255