COMMONWEALTH central credit union

APPLICATION FOR EMPLOYMENT

- Must be completed even if attaching personal resume –

This application becomes void after 60 days if not renewed.

An Equal Opportunity Employer

Commonwealth is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PERSONAL INFORMATION (PLEASE PRINT)

Last Name | First Name | Middle Initial | Today's Date

Present Address - No. and Street | City | State | Zip Code

Permanent Address (if different from above)

Home Phone | Cellular/Other

ADDITIONAL INFORMATION

If you have ever worked under or earned degrees under another name, please list below (i.e. maiden name):

Last Name | First Name | Middle Name | Time Period

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations? ☐ Yes ☐ No

Have you ever submitted an application here before? ☐ Yes ☐ No

If yes, please provide dates: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

If you are under 18 years of age, do you have a work permit? ☐ Yes ☐ No

NOTE: (In answering these questions, do not include: (a) arrests, charges, or any record that did not result in a conviction; (b) convictions that have been dismissed pursuant to Penal Code section 1203.4; (c) juvenile records; (d) any referral to and participation in any pre-trial or post-trail diversion programs if the pretrial or post-trail diversion program is compete and the underlying pending charge or conviction has been dismissed, sealed or eradicated; and (e) convictions for misdemeanor marijuanan-related offenses that occurred over two years ago.) While a conviction may not constitute an automatic bar to employment, federal credit union laws require disqualification of applicants with convictions or diversion program entries for crimes involving dishonesty or breach of trust.

Have you ever plead "guilty" or "no contest" to, or been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, please give dates and details: _____

POSITION DESIRED

Position(s) Applied For: _____ Salary Desired: _____ ☐ Annually ☐ Hourly Date Available: _____

Type of Employment: ☐ Full-time ☐ Part-time

Will you work overtime if required? ☐ Yes ☐ No

Do you have any relatives employed at CCCU?

If yes, please give name(s): _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give dates: From___/___/____ To___/___/_____

Will you travel if the job requires it? ☐ Yes ☐ No

Have you ever been bonded? ☐ Yes ☐ No

Do you have any commitments to another employer or organization which might affect your employment with us? ☐ Yes ☐ No

If yes, please explain: _____

What prompted your application to CCCU?

❑ Advertisement (Identify source below) ❑ Walk-in ❑ Employee Referral (name below) ❑ Agency (name below) ❑ Other (specify below)

_____

EDUCATION AND TRAINING

Indicate last level of education completed: High School ☐1 ☐2 ☐3 ☐4 College or University: ☐1 ☐2 ☐3 ☐4 Graduate School: ☐1 ☐2 ☐3 ☐4

School (Name/Location)	Years Completed	Did you graduate?	Degree Earned	Major/Minor

Military History

Branch of Service: _____ Served from: _____ to: _____ Status: ❑**Active** ❑**Inactive**

Other

List any relevant training or skills: _____

List any licenses, designations and/or certificates: _____

List any computer software programs you have used: _____

EMPLOYMENT HISTORY (NOTE: MUST BE COMPLETED EVEN IF ATTACHING PERSONAL RESUME)

STARTING WITH YOUR MOST RECENT EMPLOYER AND DO NOT LEAVE ANY GAP IN TIME, PROVIDE THE FOLLOWING INFORMATION FOR THE PAST SEVEN (7) YEARS OF EMPLOYMENT, EVEN IF IT MEANS ATTACHING ADDITIONAL PAGES IF YOU RUN OUT OF SPACE. GIVE EXACT REASONS FOR LEAVING EACH POSITION.

Started: Mo/Yr _____

Left: Mo/Yr _____

Employer: _____ Type of business: _____

Address: _____

Supervisor's Name: _____ Phone: _____ Ext. _____

Starting Job Title: _____ Ending Job Title: _____

Duties: _____

Reason(s) for leaving: _____

May we contact this employer? ☐ Yes ☐ No If no, please explain: _____

Started: Mo/Yr _____

Left: Mo/Yr _____

Employer: _____ Type of business: _____

Address: _____

Supervisor's Name: _____ Phone: _____ Ext. _____

Starting Job Title: _____ Ending Job Title: _____

Duties: _____

Reason(s) for leaving: _____

May we contact this employer? ☐ Yes ☐ No If no, please explain: _____

Started: Mo/Yr _____

Left: Mo/Yr _____

Employer: _____ Type of business: _____

Address: _____

Supervisor's Name: _____ Phone: _____ Ext. _____

Starting Job Title: _____ Ending Job Title: _____

Duties: _____

Reason(s) for leaving: _____

May we contact this employer? ☐ Yes ☐ No If no, please explain: _____

Started: Mo/Yr _____

Left: Mo/Yr _____

Employer: _____ Type of business: _____

Address: _____

Supervisor's Name: _____ Phone: _____ Ext. _____

Starting Job Title: _____ Ending Job Title: _____

Duties: _____

Reason(s) for leaving: _____

May we contact this employer? ☐ Yes ☐ No If no, please explain: _____

Started: Mo/Yr _____

Left: Mo/Yr _____

Employer: _____ Type of business: _____

Address: _____

Supervisor's Name: _____ Phone: _____ Ext. _____

Starting Job Title: _____ Ending Job Title: _____

Duties: _____

Reason(s) for leaving: _____

May we contact this employer? ☐ Yes ☐ No If no, please explain: _____

Started: Mo/Yr _____

Left: Mo/Yr _____

Employer: _____ Type of business: _____

Address: _____

Supervisor's Name: _____ Phone: _____ Ext. _____

Starting Job Title: _____ Ending Job Title: _____

Duties: _____

Reason(s) for leaving: _____

May we contact this employer? ☐ Yes ☐ No If no, please explain: _____

Started: Mo/Yr _____

Left: Mo/Yr _____

Employer: _____ Type of business: _____

Address: _____

Supervisor's Name: _____ Phone: _____ Ext. _____

Starting Job Title: _____ Ending Job Title: _____

Duties: _____

Reason(s) for leaving: _____

May we contact this employer? ☐ Yes ☐ No If no, please explain: _____

Applicant's Affidavit

Please read carefully, initial each paragraph and sign below. By signing below, you are certifying that you have read, fully understand and accept all terms of this application.

_____ I hereby declare that my statements on my Application for Employment, on the Notice and Consent Concerning Background Investigation Form, on my resume, and on any other documents provided by me to CommonWealth Central Credit Union are true and correct. I acknowledge and agree that providing any false, misleading, or incomplete information or omitting any information on this application or in any written or oral statement used to secure my employment will result in my ineligibility for employment, or if discovered during employment, may result in the immediate termination of my employment (regardless of when it is discovered). I authorize CommonWealth Central Credit Union to thoroughly investigate these statements, my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to CommonWealth Central Credit Union any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. This investigation may include, among other things, employment history, bondability verification, consumer credit report, reasons for leaving previous employers, criminal records, and degree verification. For positions requiring automobile transportation (i.e., sales, field engineering, customer support, shipping, stores, etc.) a background check of my driving record also may be performed.

_____ In exchange for CommonWealth Central Credit Union's agreement to receive, process, and consider my application for employment, I release CommonWealth Central Credit Union, its employees and agents, and all persons, schools, entities, and organizations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ My application will apply only to currently available openings and remains current for 60 days, and I must file other applications in the future to the extent that I seek employment in the future from CommonWealth Central Credit Union.

_____ **I understand that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create a contract for continued employment with CommonWealth Central Credit Union. In addition, I understand and agree that if I am employed, my employment with CommonWealth Central Credit Union will be at will, meaning that it is for no definite or specified period of time and my employment and compensation may be terminated at any time, with or without cause, and with or without prior notice, at the option of CommonWealth Central Credit Union or me. I understand that no representative of CommonWealth Central Credit Union (other than the CEO) has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to at-will employment, and that any such agreement, must be explicit, in writing, and signed by the CEO.**

_____ **I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.**

_____ If CommonWealth Central Credit Union gets public records (specifically, records of arrest, conviction, civil action, tax lien, or outstanding judgment) itself without using a third party consumer reporting agency (background check company), then I am entitled to a copy of such records, unless I check the box below. If I am not hired or other adverse action is taken because of the records, then I will receive a copy even if I do check the box below.

☐ I waive my right to receive a copy of any public record described in the paragraph above.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant's Affidavit.

_____ _____

Applicant's Signature **Date**

_____

Applicant's Printed Name