



# EMPLOYMENT APPLICATION

Please complete all sections of this application, indicate N/A for sections which do not apply and note signature lines on pages 3 and 4. Application includes authorization for background check. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

<b>P E R S O N A L</b>	Last Name	First	MI	Date
	Street Address			Position applying for (application will not be accepted without specifying job title)
	City, State, Zip			Are you seeking: Full-time employment? Part-time employment? Summer/seasonal employment? State days and hours desired.
	Home Telephone			
	Business/Alternate Telephone			When will you be available to begin work?
	Social Security Number			Have you ever applied for employment with us? If yes, indicate month and year.
	Are you at least 18 years of age?			Are you legally eligible for employment in the United States?  Yes _____ No _____
	Are you a member? If Yes, please provide account number.			Salary Requirements

<b>E D U C A T I O N</b>	School	Name and Location	Course of Study	Years Completed	Did you graduate?	Degree/ Diploma
	Graduate					
	College					
	Business, Trade, or Technical					
	High School					

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Did you serve in the U. S. Armed Forces?

If yes, in what branch?

If yes, describe any training received relevant to the position for which you are applying.

**EMPLOYMENT HISTORY**

Please give complete full-time and part-time employment record, starting with your present or most recent employer. DO NOT use "See Resume".

**1**

Company name

Telephone

Address

Employed (month and year)  
From

To

Name of Supervisor

Salary: Starting

Ending

State job title and describe your work:

Reason for leaving:

**2**

Company name

Telephone

Address

Employed (month and year)  
From

To

Name of Supervisor

Salary: Starting

Ending

State job title and describe your work:

Reason for leaving:

**3**

Company name

Telephone

Address

Employed (month and year)  
From

To

Name of Supervisor

Salary: Starting

Ending

State job title and describe your work:

Reason for leaving:

**4**

Company name

Telephone

Address

Employed (month and year)  
From

To

Name of Supervisor

Salary: Starting

Ending

State job title and describe your work:

Reason for leaving:

<b>DO NOT CONTACT</b>		We may contact all employers listed unless you indicate those you do not want us to contact.
Employer:		
Reason:		

<b>CRIMINAL RECORD</b>
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? You will not be automatically disqualified if you have a criminal record. ___Yes ___No If yes, describe in full:

<b>BOND COVERAGE</b>
Have you ever had any bond coverage modified or revoked, or had application for bond declined? ___ Yes ___ No If yes, describe in full:

<b>SKILLS</b>	List all skills you possess which you feel are relevant to the job for which you are applying.

**REFERENCES**

List names, titles and phone numbers.

**ADDITIONAL INFORMATION**

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

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The information provided in the Application for Employment is true, correct, and complete. Any misstatement or omission of fact on this application will result in rejection of this application, or if employed, will result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and that if employed, I will be an employee-at-will whose employment can be terminated at any time for any reason or for no reason.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand and agree that, if offered employment or employed, I may be required to take a physical examination and drug screening as a condition of employment or continued employment. I agree to consent to take such test(s) at such time as designated by the company and to release the company, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

Signature

Date

# Background Check Authorization

## Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from Associated Services, Inc. (ASI), Houston, Texas. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, education, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize, without reservation, any party or agency contacted by ASI, to furnish the above-mentioned information. I authorize a representative of ASI the right to contact me at the phone number shown below during normal business hours for a birth date to be used exclusively for identification purposes when obtaining public records.

I have the right to make a request to ASI upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the recipients of any reports on me that ASI has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from ASI.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

In connection with my application for employment, I authorize Chocolate Bayou Credit Union to reference social media outlets (i.e. MySpace, Facebook, Twitter) as part of my evaluation process. I understand this may involve granting a Friend's Request to an authorized credit union representative.

Social Security Number	Driver's License Number and State
Current Address, Number and Street	Previous Address, Number and Street
City, State, Zip	City, State, Zip
County	County
Printed Name of Applicant	Signature of Applicant (signature required to authorize background check)
Phone Number, Include Day and Time Available	Date