

Education - Military Training

Name	Address	Major Course/ Subject	Circle Last Year Completed	Did You Graduate?	Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, apprenticeship, or skills acquired from employment or other experience that are applicable to the position for which you are applying.

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

Employment History:

Please list below present and past employment, since high school or for the past 10 years, whichever is less, to include military service, *beginning with the most recent*. Please complete *all* items and be specific.

1 Company	Address	Telephone
Dates Employed From: To:	Salary Starting: Leaving	Name of Supervisor
Your Title	Your Duties	

Reason for Leaving

2 Company	Address	Telephone
Dates Employed From: To:	Salary Starting: Leaving	Name of Supervisor
Your Title	Your Duties	

Reason for Leaving

3 Company	Address	Telephone
Dates Employed From: To:	Salary Starting: Leaving	Name of Supervisor
Your Title	Your Duties	

Reason for Leaving

4 Company	Address	Telephone
Dates Employed From: To:	Salary Starting: Leaving	Name of Supervisor
Your Title	Your Duties	

Reason for Leaving

May we contact the above employers for reference checking purposes? _____

Office Equipment Operation: Check which machines you can operate, with or without a reasonable accommodation:

- Adding Machine/Calculator
- Multi line telephone system
- Personal Notebook Computer
- Other (Specify) _____

What software are you proficient in? Please describe your current level of proficiency WITHOUT further training required:

References:

Please list names, addresses and phone numbers of three work references.

Name and Address of Employer:	Name and Title of Contact:	Phone Number of Contact:
1)		
2)		
3)		

Have you ever been convicted of a crime? Yes No If the answer is Yes, please provide details including date and specifics of conviction. (NOTE: A conviction does not automatically bar you from employment with this organization).

~PLEASE READ CAREFULLY BEFORE SIGNING~

I understand that receipt of this application by Taylor Credit Union does not guarantee a job interview or offer of employment.

I voluntarily grant Taylor Credit Union the right to investigate and verify the information and statements I have provided in this application.

I understand the employment that may be offered is not guaranteed for any particular length of time and that either Taylor Credit Union or I remain free to terminate the relationship at any time.

I certify that the statements I have made on this application are true. I understand that falsification of any statements made by me on this application is grounds for disqualification from further consideration or for immediate dismissal from employment.

APPLICANT'S SIGNATURE

DATE SIGNED

Taylor Credit Union
825 E Allman St., Medford WI 54451
715-748-2447

Consent To Obtain Consumer Report

Under the provisions of the Fair Credit Reporting Act (FCRA), Taylor Credit Union may request a report from a credit reporting agency for employment purposes. I understand that Taylor Credit Union may request and use information in a consumer report (sometimes called a credit bureau report) to evaluate me for employment reasons including hiring, promotion, reassignment, or retention as an employee. The reporting agency plays no part in Taylor Credit Union’s decision regarding employment.

Before Taylor Credit Union takes any adverse employment action, based on information from a reporting agency, it will provide me with a copy of the report and a written description of my rights under the FCRA. It will include how I can dispute the accuracy or completeness of any information contained in the consumer report.

I authorize Taylor Credit Union to request a consumer report about me for employment purposes. This authorization will become effective at the time of my application for employment and will remain in effect throughout any time I may be employed by Taylor Credit Union.

Applicant or Employee

Printed name

Signature

Date: _____

SSN:* _____

Gender:* Male Female

Origin:* Asian Black Hispanic White Other
Date of birth:* __/__/__

*This information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. This information will be used solely for the purpose of obtaining a background, consumer, or investigative consumer report and will not be used for any other employment decision.