

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle
Address _____
Street City State ZIP Code
Telephone # () Cellular/Other Phone # () E-mail Address _____
Position(s) applied for _____ Date of application ____/____/____
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : _____
AM
PM
 Home Cellular/Other

May we contact you at work? Yes No
If yes, work number and best time to call:
() : _____
AM
PM

If you are under 18 and it is required,
can you furnish a work permit? N/A Yes No
If no, please explain: _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No
If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended
military leave of absence from this company? Yes No
If yes, additional information may be requested.

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

Date available for work _____/_____/_____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Have you entered into an agreement with any former employer or
other party (such as a noncompetition agreement) that might, in any
way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below (employer to list applicable exemptions):

Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer	Telephone # ()			
Street address	City	State		
Starting job title/final job title	Dates employed	Month / Year	to	Month / Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	E-mail:		
Why did you leave?				
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Employer	Telephone # ()			
Street address	City	State		
Starting job title/final job title	Dates employed	Month / Year	to	Month / Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	E-mail:		
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Street address	City	State		
Starting job title/final job title	Dates employed	Month / Year	to	Month / Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	E-mail:		
Why did you leave?				
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

- | | |
|---|--|
| <input type="checkbox"/> Word Processing _____ Level: _____ | <input type="checkbox"/> Internet _____ Level: _____ |
| <input type="checkbox"/> Spreadsheet _____ Level: _____ | <input type="checkbox"/> Other _____ Level: _____ |
| <input type="checkbox"/> Presentation _____ Level: _____ | <input type="checkbox"/> Other _____ Level: _____ |
| <input type="checkbox"/> E-mail _____ Level: _____ | <input type="checkbox"/> Other _____ Level: _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

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.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

Mandatory Employer Disclosures

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. **AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.** **Notice to Massachusetts applicants:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. **Notice to Rhode Island applicants:** This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. **Notice to North Dakota applicants:** This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. **Notice to Indiana applicants:** This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment. **Notice to Illinois applicants:** Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

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

Signature of Applicant _____ Date ____/____/____



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This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.





***CONSUMER REPORT/CREDIT CHECK
DISCLOSURE AND AUTHORIZATION FORM***

For the purpose of determining your eligibility for first-time employment, continued employment, reassignment, promotion, or, if applicable, rehire, NW Priority Credit Union may obtain consumer reports about you, including a credit report.

NW Priority Credit Union may obtain a consumer report about you, which may include information as to your character, general reputation, personal characteristics, mode of living, creditworthiness, credit standing, and/or credit capacity. Information regarding your creditworthiness, credit standing, and/or credit capacity is substantially related to the duties that are required for the position that you are seeking at NW Priority Credit Union. In particular, the position requires an employment credit report due to law, fiduciary responsibilities, or access to cash, valuables or sensitive consumer records. NW Priority Credit Union requires this credit history because it is substantially related to the job duties of the position for which you are applying because you will have access to credit union members' personally identifiable information and confidential financial information.

Before taking any adverse action based in whole or in part on a consumer report, NW Priority Credit Union will provide you with the report; the name, address, and telephone number of the consumer reporting agency providing the report; a summary of your rights under the Fair Credit Reporting Act; a description of your rights under RCW Chapter 19.182 pertaining to consumer reports obtained for employment purposes; and a reasonable opportunity to respond to any information in the report that you dispute.

Your signature below acknowledges that you have read and understand the above notice and agree that NW Priority Credit Union may obtain consumer reports about you.

AUTHORIZATION

I, _____, hereby authorize NW Priority Credit Union and/or its agents to obtain a consumer report about me for employment purposes. I understand that a consumer report may be generated about me that may include information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. In connection with the preparation of the consumer report, I further authorize NW Priority Credit Union and/or its agents to request or receive any information, including, but not limited to, credit, criminal or motor vehicle reports, past employment, education and/or references from any persons, schools, law enforcement agencies, consumer reporting agencies, previous employers, public records and/or information maintained by either public or private security organizations.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my consumer report. I understand if I disagree with the accuracy of any information in the report, I must notify NW Priority Credit Union within five business days of my receipt of the report.

Any false or misleading information on this form will be grounds for refusal of employment by NW Priority Credit Union, or, once hired, would be grounds for termination of employment. To further assist in the evaluation of my employment qualification, I am voluntarily providing the information below. I also voluntarily release my date of birth for my own benefit and fully understand that age is not a consideration of my employment.

**CONSUMER REPORT/CREDIT CHECK
DISCLOSURE AND AUTHORIZATION FORM
(Continued)**

Last Name:	First Name:	Middle Initial:	
Former Names Under Which Records May Be Obtained:		Name As It Appears On Driver's License:	
Current Address:	City:	State:	Zip Code:
Previous Address:	City:	State:	Zip Code:
Telephone Number(s):		Email Address:	
Driver's License Number:	State:	Expiration Date:	*Social Security Number:

*For factual inform to be obtained, your Social Security number is requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.

By my signature below, I acknowledge that: (1) I have read and understand the above disclosure; (2) I authorize NW Priority Credit Union and/or its agents to obtain a consumer report about me for employment purposes; and (3) the furnished information is true and correct to the best of my knowledge.

Signature of Applicant

Date

Please retain the attached copy of A Summary of Rights under the Fair Credit Reporting Act as prepared by the Consumer Financial Protection Bureau.