

# Application for Employment



Taking Members Needs to Heart

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print or Type

**Position Applying For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip Code  
Telephone # \_\_\_\_\_ Cell/Other Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## Referral Source (Please check the appropriate category and name the source.)

Walk-in \_\_\_\_\_  
Employee \_\_\_\_\_  
Advertisement \_\_\_\_\_  
Company's Website \_\_\_\_\_  
Other Internet \_\_\_\_\_

School \_\_\_\_\_  
Job Fair \_\_\_\_\_  
Staffing Agency \_\_\_\_\_  
Government \_\_\_\_\_  
Employment Agency \_\_\_\_\_  
Other \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ AM  
PM

May we contact you at work? Yes No  
If yes, work number and best time to call:  
# \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM

If you are under 18 and it is required,  
can you furnish a work permit? 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date available for work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is your desired salary range of 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? 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 extend 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

Answering "yes" to the following question does not constitute an automatic bar to employment.  
Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and  
position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to,  
or have been convicted of a crime? Yes No

If yes, please provide date(s) and details \_\_\_\_\_

# Employment History

(Starting with your most recent employer, provide the following information.)

Employer	Telephone #	Dates employed:	Month	Year	Month	Year
		/ to /				
Street address	City	State	Compensation (Starting)			
			Hourly	Salary	\$	per
Starting job title/final title			Commission/Bonus/Other Compensation \$			
Immediate supervisor and title (for most recent position held)		May we contact for reference?				
		Yes No later				
Why did you leave?		Hourly		Salary	\$	per
		Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities.						
What did you like most about your position?						
What did you like least about your position?						

Employer	Telephone #	Dates employed:	Month	Year	Month	Year
		/ to /				
Street address	City	State	Compensation (Starting)			
			Hourly	Salary	\$	per
Starting job title/final title			Commission/Bonus/Other Compensation \$			
Immediate supervisor and title (for most recent position held)		May we contact for reference?				
		Yes No later				
Why did you leave?		Hourly		Salary	\$	per
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		Yes No later				
Why did you leave?		Hourly		Salary	\$	per
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		Yes No later				
Why did you leave?		Hourly		Salary	\$	per
		Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities.						
What did you like most about your position?						
What did you like least about your position?						

## Employment History

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

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If not addressed on previous page, have you ever been fired or asked to resign for a job?

Yes

No

If **yes**, please explain \_\_\_\_\_

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## Skills and Qualifications

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

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**Computer skills** (Check appropriate boxes. Include software titles and years of experience)

Word Processing _____	Years _____	Internet _____	Years _____
Spreadsheet _____	Years _____	Other _____	Years _____
Presentation _____	Years _____	Other _____	Years _____
Email _____	Years _____	Other _____	Years _____

## Educational Background

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

School ( Include City and State)	Years Completed	Completed	GPA	Major/Minor
		Diploma _____ Degree _____ Certification _____ Other _____		
		Diploma _____ Degree _____ Certification _____ Other _____		
		Diploma _____ Degree _____ Certification _____ Other _____		
		Diploma _____ Degree _____ Certification _____ Other _____		

## References

List name and telephone number 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	Relation to you	Telephone	Years known

Related Information

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

Exclude membership that would reveal race, color, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard, or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, ext.

Exclude information that would reveal race, color, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard, or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes      No      Not Applicable

If yes, please explain:

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 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, resume or job interview. I hereby waive any and all rights and claim 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 or any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, If I have not heard from the employer and still wish to be considered for employment, it may 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 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 assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are 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 the federal immigration laws require me to complete a I-9 form in this regard.

I understand that any information provided by me that is found to false, incorrect 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 \_\_\_\_\_

# Employment Application Addendum

## Employer Disclosure - Fair Credit Reporting Act

By this document, Heart of Louisiana Federal Credit Union discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during employment. Please sign below to indicate receipt of this disclosure.

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Union Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employer Authorization - Fair Credit Reporting Act

This document authorizes Heart of Louisiana Federal Credit Union to obtain a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Heart of Louisiana Federal Credit Union to obtain consumer reports at any time during my employment period.

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Union Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

FOR IDENTIFICATION PURPOSES ONLY: Date of birth \_\_\_\_\_

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

### Notice to California Applicants:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

By checking this box, I request to receive a free copy of any "Report" ordered on me. ☐

\*\*\*\*\* IF FAXING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING \*\*\*\*\*

Customer Number <u>HLC101#00001</u>	Location or Store Number _____	Date Submitted _____
Contact Person _____	Phone Number _____	Position Applied For _____
Information Requested:		
Combined Report: _____		
Individual Reports:		
Criminal Convictions <input type="checkbox"/> County(s) and state(s) _____	Credit Report <input type="checkbox"/>	Education <input type="checkbox"/>
Motor Vehicle Report <input type="checkbox"/>	Workers' Comp <input type="checkbox"/>	
Prior Employment: Last 2 <input type="checkbox"/> Last 3 <input type="checkbox"/>	Professional License <input type="checkbox"/>	Other: _____

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