

Brigham City
1023 S. Medical Drive
Brigham City, Utah 84302
435-723-3437



Garland
1300 S. Main
Garland, Utah 84312
435-257-1684

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Date _____

Position(s) Applied For _____

NAME _____
(FIRST) (MIDDLE) (LAST)

Present Street Address _____ APT.# _____

City _____ State _____ Zip Code _____

Telephone () _____ Previous Address _____

Are you related to any employee or volunteer of this credit union? _____

If so, whom? _____ Relationship _____

Were you previously employed by us? _____ If yes, when? _____

If employed by us previously, was your name different than it now appears on this application? _____

If yes, what was that name? _____

Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO	Employer with whom you were bonded	Has a loss ever been paid against your bond? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you been convicted of a felony? _____

If yes, describe in full _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you available to work Full-time Part-time Which location(s) would you prefer? Brigham Garland

Date you can begin work: _____

What hours are you available to work?

MON	TUE	WED	THUR	FRI	SAT

Are you legally eligible for employment in this country? Yes No
(Proof of U. S. citizenship or immigration status will be required upon employment.)

This company has a policy of employment based on merit, without discrimination because of age, race, color, religion, national origin, gender, veteran status, or disability.

RECORD OF EDUCATION

	Name and Address of School	Course of Study	Circle Year Completed	Did you Graduate?	Diploma / Degree
High School			Soph.	<input type="checkbox"/> Yes	
			Jr.	<input type="checkbox"/> No	
			Senior	<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> No	

ADDITIONAL TRAINING OR EXPERIENCE

Check items in which you have training or experience:

- Cashiering
 Microsoft Office (Word, Excel, etc.)
 Typing/Speed _____ WPM
 Accounting
 Adding Machine, 10 Key
 Computer Training
 Foreign Language (Fluently) _____

Describe any other training and experience you may have that would help you on this job (be specific). _____

EMPLOYMENT EXPERIENCE

Start with your present job. Include all periods of employment or unemployment. If you need additional space, please continue on a separate sheet of paper.

1	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	HOURLY SALARY		
	SUPERVISOR	STARTING	FINAL	
	REASON FOR LEAVING			
2	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	HOURLY SALARY		
	SUPERVISOR	STARTING	FINAL	
	REASON FOR LEAVING			
3	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	HOURLY SALARY		
	SUPERVISOR	STARTING	FINAL	
	REASON FOR LEAVING			

Have you ever been terminated or asked to resign? Yes No

If yes, explain _____

Why do you believe the Credit Union should hire you? _____

If now employed, why do you desire to make a change? _____

Expected Salary \$ _____ Minimum Acceptable \$ _____

PERSONAL REFERENCES (Not former Employers or Relatives)

Name and Relationship	Address	Phone

APPLICANT PLEASE NOTE

1. It is agreed and understood that this application for employment in no way obligates Box Elder County Credit Union to employ me.
2. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Credit Union or myself. Box Elder County Credit Union personnel are not under contract of employment.
3. I agree, if hired, to furnish such additional information and complete such examinations as may be required to complete my employment file.
4. I hereby give permission to Box Elder County Credit Union to obtain my credit rating. My credit history is filed under the name of (if other than your name): _____
5. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for not employing me or cause for my dismissal if I am employed.
6. I release from all liability and hold harmless Box Elder County Credit Union personnel and all persons, companies, or corporations supplying requested information on my past employment and background.
7. I understand that Box Elder County Credit Union has a code of ethics for its employees and I will become fully aware of the code and abide by it and other company policies and procedures.
8. I certify that the answers to the questions on this application are true and complete and that I have not knowingly withheld any information that would affect this application unfavorably.

Signature _____ Date _____