



INDIANA STATE UNIVERSITY FEDERAL CREDIT UNION

EMPLOYMENT APPLICATION

We consider applicant for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presences of a non-job-related condition or disability, or any other legally protected status.

(Please Print)

Date of Application _____

For which position are you applying? _____

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Name _____
Last First Middle

Address _____
Street

_____ City State Zip

Telephone _____ Social Security Number _____

If employed, and under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (proof of citizenship or immigration status will be required upon employment) Yes No

One what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Temporary

Are you related to anyone presently employed here? Yes No

If so, whom and what relationship? _____

PRIOR WORK HISTORY

List in order, last employer first. Attach additional sheets, if necessary.

Company _____ Location _____ Phone _____

Position _____ Supervisor _____

Dates worked from _____ to _____ Reason for leaving _____

Starting Pay _____ Ending Pay _____

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Company _____ Location _____ Phone _____

Position _____ Supervisor _____

Dates worked from _____ to _____ Reason for leaving _____

Starting Pay _____ Ending Pay _____

.....

Company _____ Location _____ Phone _____

Position _____ Supervisor _____

Dates worked from _____ to _____ Reason for leaving _____

Starting Pay _____ Ending Pay _____

.....

May we contact the employers listed above? Yes No

If presently employed, why do you desire a job change? _____

Have you ever pled guilty to or been convicted of any crime or are there any criminal charges now pending against you? (A guilty plea to, conviction of a criminal charge(s), or a pending criminal charge is not an automatic bar to employment. All circumstances will be considered.) If so, state the crime(s), date(s), and sentence(s).

Are there any experiences, skills or qualifications which you feel would especially qualify you for work with our organization?

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, what Branch? _____

Date of duty: _____ to _____ Rank at discharge: _____

List duties in the service including special training

EDUCATIONAL BACKGROUND

Type of School	Name	Years Attended	Graduated
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S STATEMENT

Please indicate that you have read and understood each paragraph by placing your initials beside each statement.

____ I certify that this application was completed by me and that all information in it is true and complete to the best of my knowledge. I understand and agree that false statements, misrepresentations or omission of requested facts is sufficient cause for immediate dismissal of employment.

____ In making this application, I understand that a background, reference, and credit check will be conducted.

____ I hereby release all parties, including but not limited to Indiana State University Federal Credit Union, personal references and previous employers, from any liability for any injury or damage that may result from their furnishing information to Indiana State University Federal Credit Union concerning me.

____ I acknowledge that, according to federal law, all individuals who are hired must, as a condition of employment, produce documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I further any employment offer would be contingent upon my ability to produce the require documentation within the time period required by law.

____ I acknowledge that this application will be considered active for six (6) month period.

Signature _____ Date _____



INDIANA STATE UNIVERSITY
FEDERAL CREDIT UNION

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