

# APPLICATION FOR POSITION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, sexual orientation, handicap or veteran status.

## PLEASE PRINT

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

Telephone ( ) \_\_\_\_\_ Alternate Telephone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

## EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_/hr OR \$ \_\_\_\_\_/mo

## PERSONAL INFORMATION

Have you ever applied to or worked for Yolo Federal Credit Union before? **Yes**  **No**   
If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Yolo Federal Credit Union? **Yes**  **No**   
If yes, state name(s) and relationship \_\_\_\_\_

Are you applying to work **Full Time**  **Part time**  **Temporary**  **On-call**

Date available to begin work? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? **Yes**  **No**

Are you at least 18 years old? (If not, a work permit will be required) **Yes**  **No**

Are you legally eligible for permanent employment in the USA? **Yes**  **No**   
(If hired, verification will be required)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? **Yes**  **No**

If no, please describe the functions that cannot be performed \_\_\_\_\_  
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses more than 2 years old need not be listed.) **Yes**  **No**   
If yes, state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you ever had any bond coverage modified, revoked or declined? **Yes**  **No**   
If yes, please explain. \_\_\_\_\_

**Equal Employment Opportunity Employer**

**EDUCATION, TRAINING and EXPERIENCE**

School	Name and Address	No. of years completed	Did you graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Describe any special qualifications or skills (If applicable, attach copies of work-ready certificates, specialized training certificates, or other related skills training programs) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
 \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....Yes  No

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
 \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....Yes  No

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City State Zip*

Occupation \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City State Zip*

Occupation \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City State Zip*

Occupation \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my employment with **Yolo Federal Credit Union**, I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from **InfoLink Screening Services, Inc.** (herein: "**InfoLink**") from public records including; but not limited to, Social Security number, motor vehicle operation history, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Pre-Employment Evaluation Report or Equifax Credit Report for Employment may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

**I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFO LINK DEEMED PERTINENT TO MY EMPLOYMENT.**

In accordance with the Fair Credit Reporting Act, the California Consumers Investigative and Credit Reporting Agencies Acts, and the Federal Trade Commission staff opinions, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, **InfoLink's** trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that I should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification.

I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendations; however InfoLink will provide a written explanation of any coded information contained in my file. InfoLink's privacy policy limits the information it provides to the Subscriber named herein, however I hereby authorize the Subscriber to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Such information may include names and dates of other Subscriber inquiries to InfoLink. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party.

I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that request for workers' compensation information shall be after a conditional job offer is made and may include "any and all" injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, any offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment; I must authorize the procurement of such Report(s). A photographic or faxed copy of this form shall be as valid as the original.

.....  
The following must be filled out completely and signed for your application to be considered ***(Please print)***

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH \_\_\_\_\_, 19\_\_\_\_

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE?  Yes  No

Please List Other Names Used \_\_\_\_\_ Please List Other SS Number Used \_\_\_\_\_

\_\_\_\_\_  
Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

\_\_\_\_\_  
TODAY'S DATE

*I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me immediately:*  Yes, please send me a copy of my Report



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