



2397 Mountain City Hwy., Elko, Nevada 89801-2412
580 Spring Valley Ct., Spring Creek, Nevada 89815-6812
Phone: 775.738.4083
Fax: 775.738.2582
elkofcu.org

Application for Employment

_____		_____		_____	
Last	First	Middle			
_____		_____		_____	
Street		City		State	Zip
_____			_____		
Phone Number			SSN		

Position Applying For

Are you 18 years of age? _____ Yes _____ No

Are you currently Employed _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temp.

Are you willing to work overtime and Saturdays if requested: _____ Yes _____ No

Have you been convicted of a crime? _____ Yes _____ No

If yes, please explain: _____

(you will not automatically be disqualified if you have a criminal record.)

Have you ever had Bond Coverage modified or revoked? _____ Yes _____ No

If yes, please explain: _____

Have you ever had Bond Coverage declined? _____ Yes _____ No

If yes, please explain: _____

Education

High School Address Years Completed

College Course of Study Degree

Other Course of Study Degree

Indicate any foreign languages you can speak, read and/or write:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences: _____

Specialized Skills

_____ Fax _____ PC _____ Calculator _____ Cash Drawer
_____ Check Encoder _____ Coin Machine _____ Multi-Line Phone
_____ Cash Advance Machine _____ Other (Please Explain)

List Other Skills _____



Employment History

Starting with the present or most recent, list all previous employers. Include self-employment, military service, summer and part-time jobs.

Employer _____ Address _____
Position _____ Length of Employment _____
Reason for Leaving _____
May we contact this employer ____ Yes ____ No
Name of Supervisor _____
Phone Number _____
Duties _____

Employer _____ Address _____
Position _____ Length of Employment _____
Reason for Leaving _____
May we contact this employer ____ Yes ____ No
Name of Supervisor _____
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References

Name _____
Relationship _____
Phone Number _____

Name _____
Relationship _____
Phone Number _____

Name _____
Relationship _____
Phone Number _____

Employee Application Authorization

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of EFCU for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, school and organizations listed in this application form) to release any information they may have about me to EFCU, including all of my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to EFCU from any and all liability for any damage for giving this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then EFCU may deny me employment or terminate my employment, and I agree that EFCU shall not be liable in any respect if it does so.

I also understand that my employment at EFCU is contingent upon the satisfactory completion of a drug screen and an investigation of my work record and references. I consent to a pre-employment physical examination and such future examinations as may be required by EFCU, which may include drug screening.

I understand that if I am employed by EFCU, any such employment is not binding on either party for any specific period of time. I further understand that no representative of EFCU, other than the CEO or President, has any authority to enter into any agreement for employment for any specified period of time. Any such agreement must be in writing and signed by such officer. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of EFCU, is invalid and should not be relied on by me. I understand that if employed I will be an employee-at-will and that either EFCU or I may terminate that employment relationship at any time, for any reason, with or without notice.

_____ I acknowledge that I have read and understand the Employee Application Authorization.