



Application for Employment

_____		_____		_____	
Last		First		Middle	
_____		_____		_____	
Street		City		State Zip	
_____		_____		_____	
Email		Phone Number		Last four of 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: _____ Yes _____ No

Are you eligible to be bonded? _____ Yes _____ No Unknown _____

If no, 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 Course of Study Years Completed Degree

College Address Course of Study Years Completed Degree

Other Address Course of Study Years Completed 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 ____ Microsoft Word ____ Microsoft Excel ____
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 _____
Phone Number _____
Duties _____

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



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

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

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, criminal 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 criminal background check, credit report, EFCU account review and an investigation of my work record and references. I also understand that my employment at EFCU depends on me meeting the requirements of becoming bonded.



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A record of conviction will not necessarily bar the applicant from employment and the appointing authority (employer) will consider factors such as: 1) the length of time that has passed since the offense; 2) the age of the applicant at the time of the offense; 3) the severity and nature of the offense; 4) the relationship of the offense to the position for which the applicant has applied; and 5) evidence of the rehabilitation of the applicant.

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.

Signature: _____ Date: _____