

APPLICATION FOR EMPLOYMENT
Firefighters Credit Union
2707 Midwest Drive
Onalaska, WI 54650

Firefighters Credit Union is an equal employment opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, gender, national origin, ancestry, veteran status, marital status, sexual orientation or the presence of any non-job-related medical condition or disability, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact Bruce Zmolek if you need an accommodation to participate in the application process at (608) 784-9480.

PLEASE PRINT!

POSITION APPLIED FOR: _____

Date Available to Start Work: _____

PERSONAL DATA

Name: _____

Address: _____
Street Address City State Zip

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____ E-mail: _____
(_____) _____ (_____) _____ (_____) _____ _____

GENERAL INFORMATION

1. Have you ever applied for a job with this company in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name. ___ Yes ___ No

2. Have you ever been employed by this company in the past? If yes, please give dates of employment, position(s) held, and state your name while employed if different from present name. ___ Yes ___ No

3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description) If no, please explain: ___ Yes ___ No

4. Do you have any commitments to another employer that might affect your availability for employment with our company? (i.e. on layoff) If yes, please explain: ___ Yes ___ No

5. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, please explain: ___ Yes ___ No

6. Do you now, or will you in the future, require Firefighters Credit Union to sponsor an employment visa for your continued employment? ___ Yes ___ No

7. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If yes, please explain: __Yes __No
8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? Note: A yes answer will not automatically disqualify you from employment. If yes, please explain: __Yes __No
9. Are you able to perform the tasks listed on the enclosed/attached job description with or without an accommodation? __Yes __No
10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? __Yes __No

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

Please provide below any additional information you believe would be of value in considering you for employment. Include and JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended:

EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS
ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RESUME IS INCLUDED

Present or Last Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Please account for any time you were not employed after leaving school in the past ten years (You need not list any

unemployment periods of one month or less).

Time Period(s)

Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

OTHER JOB-RELATED EXPERIENCE: Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)

**IMPORTANT
PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

Initials

_____ I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by Firefighters Credit Union if discovered at a later date. I agree to immediately notify Firefighters Credit Union if I should be convicted of a felony, or be charged with any crime while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to Firefighters Credit Union in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ If offered a job that requires it, I give permission for a drug test and a job-related complete physical examination, and I consent to the release to the Company of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with Firefighters Credit Union

_____ I understand that if employed and my employment is terminated by Firefighters Credit Union for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that only the President of Firefighters Credit Union is authorized to change any of the terms of employment and that any changes must be specific and in writing.

Signed: _____ Date _____

**APPLICANT DISCLOSURE AND CONSENT TO REQUEST
CONSUMER REPORT INFORMATION**

I understand that Firefighters Credit Union may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand that if hired, the Credit Union may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew, or extend my employment, or for consideration for reassignment or promotion.

I understand that information obtained from a consumer reporting agency's investigation may include information from the previous seven (7) years. This information may include credit background, references, past employment, work habits, education, judgments, liens, criminal background, character, general reputation and driving records. Information regarding bankruptcy filing(s) may include information from the previous ten (10) years. [Information obtained from a consumer reporting agency's investigation for employees with a salary which equals or which may reasonably be expected to equal \$75,000 may extend back indefinitely.]¹

I understand that such information may be obtained by direct or indirect contact by a consumer credit agency with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that, pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681a, *et seq.*, (FCRA), before I am denied an assignment, extension, reassignment or promotion of employment, or other benefit of employment, based in whole or in part, on information obtained in the report, the Credit Union will provide me with a copy of the report and a description in writing of my rights under the FCRA.

I understand that if I disagree with the accuracy of any of the information in the report, I must notify the Credit Union within five (5) days of my receipt of the report.

I hereby consent to this investigation and authorize the Credit Union to procure a report of my background as stated above from a consumer reporting agency.

Applicant's name (print): _____ SSN: _____

Signature: _____ Date: _____
