

## ADVANTAGE PLUS FEDERAL CREDIT UNION

**JOB APPLICATION** 

PO Box 4610 2133 E Center Street Pocatello, Idaho 83205-4610 (208) 232-7711 \* FAX (208) 232-1911

						Date		
_	-	-	_	-	t. You should complete	all portions of this		
applicatio	on that pertain to you. V	we appreciate the tir	ne you spena in	completing	tnis form.			
If offered	employment and accep	oted, you are required	d by law to show	w you are 18	years of age or over.			
Name					Social Security #			
Name	LAST	FIRST		MI	Social Security #			
Home Telephone No.					Alternate Phone No.			
Address								
	STREET				CITY	STATE	ZIP	
Position	for which you are ap	plying			Salary l	Desired		
Date available			How did you hear of opening?					
EDUCA	TION - MILITARY	TRAINING						
					CIRCLE YR	DID YOU		
		NAME	CITY/ST	MAJOR	COMPLETED	GRADUATE	DEGREE	
High Sch					1 2 3 4	Yes No		
	/Trade School				1 2 3 4	Yes No		
College					1 2 3 4	Yes No		
Graduate	Studies				1 2 3 4	Yes No		
Other (St	necify)		·		1 2 3 /	Vec No	<del></del>	

Other skills or experience that would specifically qualify you for this position. List any relevant certificates, licenses, memberships in professional organizations, etc.

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?				
Can you travel if the job requires it?	Yes	☐ No		
Have you ever been convicted of a crime?	Yes*	No	*If yes, please explain:	
*A CONVICTION WILL NOT NECESSARIL RELATES TO THE POSITION APPLIED FO		TO EMPLO	YMENT AND WILL BE CONSIDERED ONLY AS IT	
Have you ever committed a crime?	Yes*	☐ No	*If yes, please explain:	
LIST COMPUTER PROGRAMS YOU ARE	E PROFICIE	NT IN:		
REFERENCES:				
List name, address, and phone number of two p	rofessional ref	erences. (Lis	t persons other than former supervisors or relatives.)	
		<del>-</del> -		
		_		
		_		
Phone no /		_	Phone no /	

EMPLOYMENT HISTORY - BEGINNING WITH THE MOST RECENT, COMPLETE THE INFORMATION REQUESTED BELOW FOR ALL EMPLOYERS FOR THE PAST 10 YEARS. IF NECESSARY, PLEASE USE ADDITIONAL PAPER.

## COMPLETE ALL ITEMS AND BE SPECIFIC.

## ATTACHING A COPY OF YOUR RESUME IS NOT SUFFICIENT - THIS SECTION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

1. COMPANY		ADDRESS		TELEPHONE
DATES EMPLOYED		SALARY		NAME OF SUPERVISOR
FROM:	TO	STARTING	LEAVING	
YOUR TITLE		YOUR DUTIES		
		·		
REASON FOR LEAVING				
		Lippping		Impropriate
2. COMPANY		ADDRESS		TELEPHONE
DATES EMPLOYED		SALARY		NAME OF SUPERVISOR
FROM:	TO	STARTING	LEAVING	
YOUR TITLE		YOUR DUTIES		
		-		
REASON FOR LEAVING	(			
3. COMPANY		ADDRESS		TELEPHONE
DATES EMPLOYED		SALARY		NAME OF SUPERVISOR
FROM:	TO	STARTING	LEAVING	
YOUR TITLE		YOUR DUTIES		•
		<del></del>		
REASON FOR LEAVING				
4. COMPANY		ADDRESS		TELEPHONE
DATES EMPLOYED		SALARY		NAME OF SUPERVISOR
FROM:	TO	STARTING	LEAVING	
YOUR TITLE		YOUR DUTIES		-
REASON FOR LEAVING				

BRING TO YOUR WORK. DESCRIBE HOW YOUR BACKGROUN WITH THE POSITION AS YOU UNDERSTAND IT.	D AND EXPERIENCE WOULD BE COMPATIBLE
PLEASE READ CAREFULLY BEFORE SIGNING. YOUR SIGNATURE FOR EMPLOYMENT WITH ADVANTAGE PLUS FEDERAL CRED	
I understand that all qualified applicants will receive consideration for emplor ancestry, age, disability, marital status, source of income, class, etc. as pro No information on this application will be used for the purpose of discrimin	phibited by Federal or State Laws.
I understand that receipt of this application by Advantage Plus Federal Cred of employment.	it Union does not guarantee a job interview or offer
I understand that Advantage Plus Federal Credit Union will conduct a thorou application for employment with the Company. I authorize all schools which Advantage Plus Federal Credit Union my records, reason for leaving, and all release them and their employees and Advantage Plus Federal Credit Union whatsoever arising therefrom. I also authorize investigation of all statements	h I attended and all of my previous employers to furnish I information they may have concerning me and I hereby and its employees from all liability for any damage
I understand and agree that, should I be employed at Advantage Plus Federa with the Company will be on an AT-WILL basis. Upon hire, I will be requiremployment. This means that I am free to terminate my employment with the and that Advantage Plus Federal Credit Union is similarly entitled to terminate Further, I acknowledge that the procedures, policies and practices of the Company employment may be changed at any time by the Company in its sole discontract or imply any contractual obligations.	red to sign a statement acknowledging my at-will the Company at any time with or without cause or notice ate my employment with or without cause or notice. The many, its employee handbook, and the conditions of
I understand that any offer of employment with Advantage Plus Federal Cred review and copying, documents indicating my legal authorization to work in INS Form I-9 under penalty of perjury. This procedure is in compliance wit applies to all persons hired by any U.S. employer after November 6, 1896.	the United States and that I will be asked to sign an
I certify that all my statements and answers in this application are true and co I understand that any untrue or incomplete statements or omissions of reques disqualification from further consideration or in my later discharge if I become	sted information in this application may result in
APPLICANT'S SIGNATURE	DATES SIGNED