



Employment Application

We are an Equal Opportunity Employer to the full extent of all applicable laws and do not discriminate on the basis of race, color, religion, national origin, citizenship, sex, age, marital status, height, weight, handicap, disability, genetic information, veteran status, retaliation, or pregnancy.

PLEASE FILL OUT APPLICATION COMPLETELY – (Attach Resume Optional)

TODAYS DATE		PHONE NUMBER ()	CELL PHONE NUMBER ()	
LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS		CITY	STATE	ZIP CODE
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER		STATE THAT ISSUED DRIVERS LICENSE	
EMAIL ADDRESS				

POSITION APPLIED FOR	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Note: *If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States.*
 ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES? YES NO

PREFER FULL-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREFER PART-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF HOURS DESIRED PER WEEK: _____	RATE OF PAY EXPECTED: \$ _____ HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR
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HAVE YOU EVER APPLIED OR WORKED AT WMCU BEFORE? YES NO IF YES, WHEN?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (*A conviction will not automatically bar you from employment*)
 IF YES, LIST DATES AND DETAILS:

HOW WERE YOU REFERRED TO US? EMPLOYEE NAME? FRIEND AD SCHOOL OTHER

EDUCATION / COURSE OF STUDY

TYPE OF SCHOOL	NAME AND LOCATION	DATES	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE
HIGH SCHOOL		FROM: TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL, BUSINESS OR OTHER		FROM: TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE / UNIVERSITY		FROM: TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY List past and present employment beginning with your most recent. Include U.S. Military experience.

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year		
IMMEDIATE SUPERVISOR	To:	Upon Leaving \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year		
SUPERVISOR TITLE				
WORK PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year		
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SUPERVISOR TITLE				
WORK PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Any periods of unemployment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain and list dates.		
Please list any skills, abilities, hobbies, training, etc. which you feel may be an asset. (example: business machines, volunteer work, languages, clerical, data processing.)		
Have you ever been covered by a surety bond? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been denied a surety bond or had such coverage revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes to either, state dates and reasons:		
Have you had experience in the armed forces of the U.S. or in the National Guard or Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what branch? Rank at discharge: Date of discharge: Special technical training:		
REFERENCES	<i>(Do not list relatives or former employers)</i>	Name, Address, Phone #, and Years known
1.		
2.		

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I authorize an investigation and verification of my employment, education, criminal conviction, and financial record. I authorize my employer and former employers, references, credit reporting agencies/bureaus, medical facilities, educational institutions, and any other persons contacted by the credit union to provide it with all records and information relevant to this employment application without any obligation to give me written notice thereof, and I release all such parties from all liabilities arising from such disclosures. I also waive any claims against the credit union relating to such inquiries and disclosures and release the credit union, its directors, officers, employees, and agents from any liability which might arise from such inquiries and disclosures.

I understand that I may be required to undertake a post offer physical examination, including a drug and alcohol test, in connection with my application for employment. Such examination would be conducted by a physician or clinic selected by the credit union. I hereby authorize any such physician or clinic to release to the credit union such information derived from the examination as the credit union requires. I waive any claims that I might have on account of the physical examination (including the drug and alcohol test) requirement and the release of the physical examination (including the drug and alcohol test) information to the credit union.

I understand that the credit union will accommodate, to the extent required by the law, employees with disabilities to allow access to its facilities and employment opportunities. I also understand that I have 182 days from this date, or the date I know or reasonably should know that such accommodation is needed, to file a written request for such accommodation.

I agree that this application will be considered for a period of 6 months after this date. I understand and acknowledge that unless I am hired before the end of this period, this application will be null and void and any continuing interest in the credit union will require a new application.

I agree not to begin any action or suit, not expressly waived in this application, relating to my employment with the credit union more than six months after the date of termination of such employment and to waive any statute of limitations to the contrary.

If employed, I agree that the credit union, at its sole discretion, may terminate my employment at its will for any reason or no reason (except for any reason which may be prohibited by applicable statute), with or without advance notice or warning, and that the credit union's decision is not reviewable outside the credit union (except as may be provided by applicable law), I understand and agree that no employee, manager, executive, board member, or other representative of the credit union, other than the chief executive officer, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice any contrary to the at-will nature of my employment. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment.

If employed, I agree to abide by all rules and regulations of the credit union.

The above statements are true and I understand, if employed, any false information or material omissions may be cause for discipline or discharge.

Signature _____ Date _____

West Michigan Credit Union
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Grand Rapids, MI 49504
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