



# Marquette Community

## Federal Credit Union

1230 W Washington St. Marquette, MI 49855  
 Phone: (906)228-9850 | Fax: (906)228-7662  
[www.marquettecomm.org](http://www.marquettecomm.org)

### APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please print and complete all portions of this employment application to be considered for employment. If you require accommodation during the employment process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a three month period after submission to the credit union and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application.

### PERSONAL INFORMATION

Name (Last Name First)				
Have you ever used any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(For background and criminal conviction check)</i>				
If Yes, please explain:				
Present physical address	Apt. No	City	State	Zip
Present Mailing address <i>(If different than above)</i>	Apt. No	City	State	Zip
Phone Home : Work : Cell : Email :	Social Security Number  - - <i>(For bondability and criminal conviction checks)</i>	Can you upon employment, submit verification of your legal right to work in the United States and proof of age?  <u>Note:</u> <input type="checkbox"/> Yes If offered employment you will be <input type="checkbox"/> No required to submit documentation required by the IRCA.		
Have you ever been convicted of a crime or entered a pretrial diversion program to avoid a conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:				

### DESIRED EMPLOYMENT

*Position applying for:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date you can start:	Pay expected: \$
Have you applied for work with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?
Who referred you to us? <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk in <input type="checkbox"/> Other			
Apart from religious services, will you be able to work all other times? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Note: If hired, you will be required to perform work as required by the credit union.

## EDUCATION BACKGROUND

Types of School	Name of school, City and State	Major	No. of years completed	Did you Graduate?	Degree or certificate
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT

Starting with your present or last job, provide complete employment history for the **last 10 years**. You must answer all questions and this employment history must be completed even if you submit/attach a resume. USE ADDITIONAL PAPER IF NECESSARY.

Name of Employer			Phone Number	
Street Address		City	State	Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$	Ending Wage/Salary \$	
Position Title and Duties				
Reason for leaving		Supervisor's Name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:	

Name of Employer			Phone Number	
Street Address		City	State	Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$	Ending Wage/Salary \$	
Position Title and Duties				
Reason for leaving		Supervisor's Name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:	

Name of Employer		Phone Number	
Street Address		City	State      Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$	Ending Wage/Salary \$
Position Title and Duties			
Reason for leaving		Supervisor's Name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:

Name of Employer		Phone Number	
Street Address		City	State      Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$	Ending Wage/Salary \$
Position Title and Duties			
Reason for leaving		Supervisor's Name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:

### REFERENCES

Please provide the names of three persons you are not related to, you have known at least one year and whom we may contact.

Name	Address	Yrs. known	Phone Number

### JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

Summarize your job skills, training and/or study that are relevant for the desired position. Also, explain any periods that you were not working. USE ADDITIONAL PAPER IF NECESSARY.

**CERTIFICATION**  
**PLEASE READ CAREFULLY BEFORE SIGNING**

1. I certify that the information in this application is true, correct, and complete. I understand that any false or misleading statements or omissions made in this application or interview(s) are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and how discovered.
2. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
3. I understand and agree that only the President/CEO of Marquette Community Federal Credit Union (herein-after referred to as "MCFCU") has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President/CEO, and I will not rely upon any other representations regardless of the source.
4. I understand and agree that MCFCU may make a full and complete investigation of my personal, financial or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide MCFCU with any information (including fact or opinion) they may have regarding me. In consideration of MCFCU review of this application, I release MCFCU and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditioned on the receipt of satisfactory references as determined by MCFCU. If employed by MCFCU, I further authorize MCFCU to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against MCFCU for truthfully communicating any such information to a potential or future employer.
5. I understand and authorize MCFCU to obtain a consumer credit report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for MCFCU to obtain consumer credit reports at any time during my employment period.
6. I understand, agree and voluntarily consent to be tested for evidence of the presence of alcohol and/or drugs in my body through the analysis of my urine, breath (if permitted by law) or blood in the manner specified in the Employee Substance Abuse Policy. I further consent to the release of the results of the substance abuse tests by the medical laboratory facility to the Medical Review Officer designated by Marquette Community Federal Credit Union (the "Credit Union"). I further consent to the release of verified positive test results for substance abuse by the Medical Review Officer for the Credit Union. I also understand that only those job applicants who have been selected to fill job openings will be subject to substance abuse testing. If a substance abuse test is required, a negative substance abuse test result will be a condition of actual hire. I further understand, agree and voluntarily consent to submit to random substance abuse testing that may be required during the term of my employment.
7. I understand and agree that MCFCU may inquire into and consider any criminal conviction record that I may have, which bears a rational relationship to the duties and responsibilities of the position for which I am applying, in accordance with state and federal laws. In that regard, I understand that MCFCU cannot hire or retain in employment a person who has been convicted of any criminal offense involving dishonesty or breach of trust, or has agreed to enter into a pretrial diversion or similar program in connection with a prosecution for such offense, without the prior written consent of the National Credit Union Board (NCUA). I also understand and agree that being eligible for full bond and loss insurance coverage (without increased premiums or deductibles or other modifications or exceptions) is a condition for consideration for employment and if hired, a condition of continued employment.
8. I understand and agree that if offered employment by MCFCU, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by MCFCU.
9. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform MCFCU of any agreements that would limit my ability to work for MCFCU.
10. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with MCFCU, if I am employed by MCFCU.

Applicant Signature	Date
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