

<b>EMPLOYMENT APPLICATION</b>	<b>An Equal Opportunity Employer</b>
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We are an Equal Opportunity Employer to the full extent of all applicable laws and do not discriminate on the basis of race, religious convictions, color, national origin or ancestry, age, sex, sexual preference, gender expression, height, weight, genetic information, marital status, veteran status, disability unrelated to the job, or any other factor prohibited by law.

**PLEASE FILL OUT APPLICATION COMPLETELY.**

TODAY'S DATE	PHONE #	EMAIL ADDRESS	
LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS		CITY	STATE ZIP CODE
PREVIOUS ADDRESS		CITY	STATE ZIP CODE
SOCIAL SECURITY #	DRIVER'S LICENSE #	STATE D.L. ISSUED	

TYPE OF WORK PREFERRED:

Note: If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States. **DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES?** YES  NO

Desire Full-time? YES  NO     Desire Part-time? YES  NO     # Hours desired per week? \_\_\_\_\_    Rate of pay expected \$ \_\_\_\_\_

Have you ever applied here before ? YES  NO     If yes, list dates:

What other employment or "side line" business do you have? \_\_\_\_\_    Would you want to continue this if employed by us? YES  NO

Have you ever been convicted of a crime? YES  NO     (*A conviction will not automatically bar you from employment.*)  
If yes, list dates and details:

**EDUCATION/COURSE OF STUDY**

Type of school	Name and location of school	Did you graduate?		Course study/degree received
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>	Dates	
Tech, business, other		YES <input type="checkbox"/> NO <input type="checkbox"/>		
College of University		YES <input type="checkbox"/> NO <input type="checkbox"/>		

**Employment History** *List below past & present employment beginning with your most recent. Include U.S. Military experience.*

Company	Dates	Position and Responsibility	Reason for leaving
Address	From		
City, State, Zip			
Supervisor	To		
Supervisor Title			
Phone #	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Dates	Position and Responsibility	Reason for leaving
Address	From		
City, State, Zip			
Supervisor	To		
Supervisor Title			
Phone #	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		

# EMPLOYMENT APPLICATION (Continued)

## Employment History (Continued)

Company	Dates	Position and Responsibility	Reason for leaving
Address	From		
City, State, Zip			
Supervisor	To		
Supervisor Title			
Phone #	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Any periods of unemployment ? YES <input type="checkbox"/> NO <input type="checkbox"/> 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, additional languages, data processing, clerical, etc.)			
Have you ever been covered by a surety bond? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been denied a surety bond or had such coverage revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes to either, state dates and reasons:			
Have you had any experience in the armed forces of the U.S. or in the National Guard or Reserves? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, what branch? Rank at discharge: Date of discharge:			
Special technical training:			
References (Do not list relatives or former employers)			
Name	Address	Phone #	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 Bloom 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 Bloom Credit Union relating to such inquiries and disclosures and release Bloom 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 that 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 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 six (6) months after this date. I understand and acknowledge that unless I am hired before the end of this six-month 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 cause, at any time 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 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 and signed by me and the Chief Executive Officer will be effective. I understand and agree that no other oral or written statement, policy, or practice can change the at-will nature of my employment.

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

To the best of my knowledge, the above statements are true and I understand, if employed, any false information or material omissions may be cause for discipline or discharge.

Signed \_\_\_\_\_ Date \_\_\_\_\_