Federally Insured by NCUA, Equal Housing Lender

Employment Application

First Name: Last Name:

Submitted on:

Privacy Policy:
Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

Security Notice:
You should ONLY fill out this application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:
1. Print this application and gather the information you'll need.
2. Complete application on-line and click "Submit Application" or fax it to 361-986-6900.
3. To safeguard your privacy, QUIT your browser and restart it again after using this form.

MFCU provides equal employment opportunity without regard to race, color, religion, sex, age, national origin, marital status or physical or mental disability. Consistent with the Americans With Disabilities Act, applicants may request reasonable accommodations needed to participate in the application process.

Personal Information

Application Date (required)	

First Name	Middle Initial	Last Name

Social Security No.	Home Phone	Your E-mail Address

Address Information (required)	Address Line 1 Address Line 2 City State ZIP Code
How were you referred to us? (required)	◯ Monster or Indeed ◯ School ◯ Facebook ◯ Employee Referral ◯ On my own ◯ Other:

General Information	
Are you 16 years of age or older? (required)	◯ Yes ◯ No
Are you a U.S. citizen? (required)	◯ Yes ◯ No
If no, what type of visa do you hold?	
Have you ever been convicted of a criminal offense? (required)	◯ Yes ◯ No
If yes, describe the facts and circumstances and give the dates and locations. *Note that a criminal record will not necessarily prevent employment. We will consider the nature of the event and relevant circumstances.*	
Have you previously applied for employment here? (required)	◯ Yes ◯ No
If yes, when?	
Are any of your relatives employed here? (required)	◯ Yes ◯ No
If yes, please list name and department:	
Position may involve driving a company vehicle. Do you have a valid Texas driver's license? (required)	◯ Yes ◯ No
If yes, please provide driver's license number:	
Has your license ever been revoked or suspended? (required)	◯ Yes ◯ No

Employment Desired		
Position	**Date you can start**	**Wage/Salary Desired**
_____	_____	_____
I'm looking for: (required)	◯ Full-time ◯ Part-time ◯ Would like to be considered for both	
Are you currently employed? (required)	◯ Yes ◯ No	

May we contact your present employer?	◯ Yes ◯ No
If no, explain	
Do you have any commitments to another employer or school that might affect your employment with us? (required)	
Education	
High School (required)	**Name** _____ **Location** _____
Years Completed	◯ 1 ◯ 2 ◯ 3 ◯ 4
Graduated	◯ Yes ◯ No
Subjects Studied	
College (required)	**Name** _____ **Location** _____
Years Completed	◯ 1 ◯ 2 ◯ 3 ◯ 4
Graduated	◯ Yes ◯ No
Degree/Major	
Graduate School (required)	**Name** _____ **Location** _____
Years Completed	◯ 1 ◯ 2 ◯ 3

Graduated	◯ Yes ◯ No
Degree/Major	
Business, Trade, or Correspondence School (required)	**Name** _____ **Location** _____
Years Completed	◯ 1 ◯ 2 ◯ 3
Graduated	◯ Yes ◯ No
Degree, Major or Specialty	
Other Study or Research	
Job-related skills typing, etc.,	

List your last three employers, starting with the most recent first.

Employment	
Employer 1	
Name	
Address	
Telephone Number	
Start Date	
End Date	
Supervisor's Name	
Position	
Starting Salary/Wage	
Ending Salary/Wage	
Duties	
Reason For Leaving	
Employer 2	
Name	
Address	
Telephone Number	
Start Date	
End Date	

Supervisor's Name	
Position	
Starting Salary/Wage	
Ending Salary/Wage	
Duties	
Reason For Leaving	

Employer 3	
Name	
Address	
Telephone Number	
Start Date	
End Date	
Supervisor's Name	
Position	
Starting Salary/Wage	
Ending Salary/Wage	
Duties	
Reason For Leaving	

Account for all periods of unemployment of 2 weeks' duration or more during the last 10 years.

Date from:	Date to:	State what you were doing

Reference 1	
Name	
Phone No.	
Occupation	

	Address Line 1 Address Line 2 City State ZIP Code
Reference 2	
Name	
Phone No.	
Occupation	
	Address Line 1 Address Line 2 City State ZIP Code
Reference 3	
Name	
Phone No.	
Occupation	
	Address Line 1 Address Line 2 City State ZIP Code
Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, foreign languages read or spoken, etc. *Exclude all information indicative of race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*	

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge.
I understand that if **Members First Credit Union (MFCU)** hires me, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand that I cannot be hired if I cannot comply with these requirements.
I understand that any employment is conditioned on a background check. I authorize **MFCU** to thoroughly investigate all statements contained in my application or resume. Furthermore, I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to **MFCU**, without giving me prior notice of such disclosure. In addition, I release **MFCU**, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.
I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or **MFCU**.
I confirm that no promise regarding employment has been made to me and I understand that no such promise or commitment will be binding on **MFCU** unless it is in writing and signed by an officer of **MFCU**.
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.
I understand that filling out this form does not indicate there is a position open and does not obligate **MFCU** to hire me. If hired, I agree to abide by all company work rules, policies and procedures. **MFCU** retains the right to revise its policies or procedures, in whole or in part, at any time.

(required)	☐ I AGREE with the above statement