



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)				
TODAY'S 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		DRIVER'S LICENSE NUMBER		STATE THAT ISSUED DRIVER'S LICENSE
E-MAIL ADDRESS:				
POSITION APPLIED FOR				
1. _____ 2. _____				
<i>Note: If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States.</i>				
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU NEED FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU CONSIDER PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF HOURS DESIRED PER WEEK: _____	RATE OF PAY EXPECTED: PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR	
WHAT OTHER EMPLOYMENT OR "SIDE LINE" BUSINESS DO YOU HAVE?			WOULD YOU WANT TO CONTINUE THIS IF EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <i>(A conviction will not automatically bar you from employment.)</i>				
IF YES, LIST DATES AND DETAILS:				
HOW WERE YOU REFERRED TO US?	<input type="checkbox"/> EMPLOYEE NAME:	<input type="checkbox"/> FRIEND NAME:	<input type="checkbox"/> SCHOOL NAME:	<input type="checkbox"/> AGENCY PAPER: <input type="checkbox"/> AD PAPER: <input type="checkbox"/> OTHER EXPLAIN:
EDUCATION / COURSE OF STUDY				
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES		DID YOU GRADUATE?
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical, Business, or Other:		From:	To:	<input type="checkbox"/> YES <input type="checkbox"/> NO
College or University		From:	To:	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYMENT HISTORY <i>List past and present employment beginning with your most recent. Include U.S. Military experience.</i>				
COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From	To Start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.		
IMMEDIATE SUPERVISOR	To	Upon Leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.		
SUPERVISOR TITLE				
WORK TELEPHONE ()	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"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.		
IMMEDIATE SUPERVISOR	To	Upon Leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.		
SUPERVISOR TITLE				
WORK TELEPHONE ()	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT APPLICATION *(Continued)*

PLEASE LIST ANY SKILLS, ABILITIES, HOBBIES, TRAINING, ETC. WHICH YOU FEEL MAY BE AN ASSET. (EXAMPLE: SALES & SERVICE, VOLUNTEER WORK, ADDITIONAL LANGUAGES, DATA PROCESSING, CLERICAL, ETC.) _____

HAVE YOU EVER BEEN COVERED BY SURETY BOND? YES NO
 HAVE YOU EVER BEEN DENIED SURETY BOND OR HAD SUCH COVERAGE REVOKED? YES NO
 IF YES TO EITHER, STATE DATES AND REASONS:

HAVE YOU HAD EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN THE NATIONAL GUARD OR RESERVES? YES NO
 IF YES, WHAT BRANCH? _____ RANK AT DISCHARGE _____ DATE OF DISCHARGE _____
 SPECIAL TECHNICAL TRAINING:

REFERENCES *(Do not list relatives or former employers)*

Name	Address	Telephone	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 30-60 days 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 _____

Members First Credit Union is an "at will" employer.

The employees of Members First Credit union live our mission of Making a Positive Difference through these promises. If you feel you can be a part of this culture, then we look forward to your request for employment.

At Members First Credit Union
we promise to:

- Treat you** as an honored guest
- Take responsibility** for your request
- Make it easy** to do business with us
- Respond to your requests** in a timely manner
- Identify your needs** and suggest a solution that will help you achieve your financial goals
- Ensure the security** of your financial information
- Show our appreciation** for allowing us to serve you
- Exceed your expectations** at every encounter

Members First Credit Union
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