



**Application for Employment**

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

Impact Credit Union is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or process should notify the Human Resource Manager.

IMPACT CREDIT UNION IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISIONS IN THE APPLICATION, IF HIRED, THE CREDIT UNION OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For \_\_\_\_\_ (list only one)

Name of Referral Source \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate or Cell Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_

Street, Apartment, or Unit Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long have you lived there \_\_\_\_\_ / \_\_\_\_\_ Years/Months

Email Address (optional) \_\_\_\_\_

Desired Salary/Hourly Rate \_\_\_\_\_

Type of Employment desired? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (specify hours) \_\_\_\_\_

Are you willing to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Date at which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by Impact Credit Union? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide dates of employment, location, and reason for separation from employment.

---

---

### CRIMINAL HISTORY

1. Have you ever pleaded no contest, or guilty to a misdemeanor crime, or been convicted of a misdemeanor crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Ohio residents should not include convictions for misdemeanor possession of controlled substances.

2. Have you ever pleaded no contest, or guilty to a felony crime, or been convicted of a felony crime? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** Answering "yes" to either question one or question two above does not constitute an automatic bar to employment. Impact Credit Union will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by state, local or federal law.

If you answered yes to either of the two preceding questions, please give dates and details for each incident:

---

---

---

Have you ever initiated an act of violence in the workplace? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "yes" answer will not necessarily disqualify you from employment.)

---

---

## EDUCATION

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming / language, software, equipment operation, special tools or machines, etc).

---

### High School

---

Name and Location

---

Did you graduate?

### College

---

Name and Location

---

Course of Study

Did you graduate?

Degree / Major

### Business / Technical / Trade or Post School

---

Name and Location

---

Course of Study

Did you graduate?

Degree / Major

### Honors Received

---

---

## COMMUNITY ACTIVITIES

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, and mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

---

Organization

---

Office Held

---

Organization

---

Office Held

## REFERENCES

Please list the names of work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

---

Name

---

Company

---

Position

---

Telephone

---

Name

---

Company

---

Position

---

Telephone

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

---

Name

---

Address

---

Telephone

---

Relationship

---

Name

---

Address

---

Telephone

---

Relationship



**Employer**

\_\_\_\_\_  
Name Address Type of Business

Telephone \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not \_\_\_\_\_

Wages \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Start Final

What will this employer say is the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

---

**Employer**

\_\_\_\_\_  
Name Address Type of Business

Telephone \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not \_\_\_\_\_

Wages \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Start Final

What will this employer say is the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

If you answered yes to any of the above three questions, please explain the circumstances of each occasion.

---

---

---

---

---

---

## Application Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Impact Credit Union is a drug-free workplace consistent with applicable federal, state and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the credit unions policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the credit unions policies and applicable federal, state, and local law.

If employed by the credit union, I understand and agree that the credit union, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentially, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, my employment with ImpactCredit Union is contingent upon my submission of satisfactory proof of identity, my legal authorization to work in the United States, mandatory drug screening and Credit Union Bondability.

I certify that all information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**IMPACT CREDIT UNION IS AN AT WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE CREDIT UNION IS AUTHORIZED TO ENTER INTO AN AGREEMENT –EXPRESSED OR IMPLIED- WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT/CEO OF THE CREDIT UNION.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND COMPLIANCE REGULATIONS OF THE CREDIT UNION, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize the credit union or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization form for the background investigation which may be permitted by federal, state, and/or local law. If applicable, I will receive separate written notification regarding the credit union's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the credit union or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the credit union and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the credit union to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

I understand that Impact Credit Union does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If hired by the credit union, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by the credit union. I also understand that the credit union employs only individuals who are legally eligible to work in the United States.

Per government regulations, all applicants for employment are subject to be checked by OFAC (Office of Foreign Asset Control).

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Applicant's Drug Screening Authorization

I understand that one of the requirements for employment at Impact Credit Union is the passing of drug screening tests and that I will not be considered for employment until such tests are taken and the drug-free results verified by a drug testing facility.

If I am considered for employment, I agree to submit to drug testing and to release those results to Impact Credit Union.

I certify that I have read, fully understand and accept drug testing as a condition of employment at Impact Credit Union.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## IMPACT CREDIT UNION

### Equal Employment Opportunity Policy

Revised October 24, 2015

In accordance with all applicable federal, state and local laws and regulations, we will not discriminate against any applicant or employee because of race, color, religion, sex (including pregnancy and gender identity), age, national origin, sexual orientation, disability, medical condition, genetic information, marital status, or any other considerations made unlawful by federal, state or local law. We are committed to ensure adequate employment opportunities for everyone and to protect against disparate treatment of anyone.

We will not harass or allow harassment of an individual by fellow employees, members, or customers because of the individual's race, color, religion, sex (including pregnancy and gender identity), age, national origin, sexual orientation, disability, medical condition, (genetic information), marital status, or any other considerations made unlawful by federal, state or local law.

Hiring, promotion and all other decisions affecting an individual's employment at all job levels will be made on the basis of that individual's qualifications as to the requirements of the position.

We will not retaliate against any individual who has invoked the protection of equal employment opportunity laws.

This policy extends to every phase of the employment process and relationship, including, but not limited to, recruitment, hiring, transfer, promotion, discharge, training, compensation, appraisal systems, benefits and credit union sponsored educational, social and recreational activities.

Any individual who believes they have been discriminated against, harassed, or retaliated against by anyone associated with Impact Credit Union should address a complaint, in writing, to the President/CEO or Chairman of the Board of Directors of this Credit Union. The complaint should be mailed or delivered to Impact Credit Union, 1455 W. McPherson Hwy, Clyde, Ohio 43410. All complaints will be investigated and answered within a reasonable time period. Records of complaints and resulting investigations will be maintained permanently by the Credit Union.

This policy will be made available to all job applicants and employees and will be posted in the employee lounge area of each Credit Union office location.

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Impact Credit Union may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by PeopleFacts, 7127 Riverside Parkway, Tulsa, OK 74136 800-772-0130 [www.peoplefacts.com](http://www.peoplefacts.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Please provide all requested information

\_\_\_\_\_  
(Applicant's Name, Printed - Last, First Middle) (Maiden Or Other Name(s) Used)

\_\_\_\_\_  
(Current Address - Street, City, State, Zip)

\_\_\_\_\_  
(How Long)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth - for confirmation of ID only)

\_\_\_\_\_  
(Name - exactly as it appears on Driver's License)

\_\_\_\_\_  
(Drivers License Number) (State)

Yes       No  
(Authorization to contact present employer for reference)

\*This form is intended for use with the PeopleFacts Quick Invite Feature for the collection of an electronic signature. No other use of this form is permitted.

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Impact Credit Union at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PeopleFacts. at 7127 Riverside Parkway, Tulsa, OK 74136 800-772-0130 [www.peoplefacts.com](http://www.peoplefacts.com) and/or Impact Credit Union. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

“Proper Identification” includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form is intended for use with the PeopleFacts Quick Invite Feature for the consumer's review of the Disclosure and Authorization and collection of an electronic signature. No other use of this form is permitted.