



**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.

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### 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:

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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.)

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**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).

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High School

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Name and Location

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Did you graduate?

College

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Name and Location

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Course of Study

Did you graduate?

Degree / Major

Business / Technical / Trade or Post School

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Name and Location

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Course of Study

Did you graduate?

Degree / Major

Honors Received

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**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.

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Organization

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Office Held

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Organization

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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.

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Name

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Company

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Position

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Telephone

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Name

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Company

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Position

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Telephone

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

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Name

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Address

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Telephone

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Relationship

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Name

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Address

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Telephone

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Relationship

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

**Employer**

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Name _____	Address _____	Type of Business _____
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Telephone \_\_\_\_\_      Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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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. \_\_\_\_\_

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**Employer**

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Name _____	Address _____	Type of Business _____
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Telephone \_\_\_\_\_      Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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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. \_\_\_\_\_

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**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. \_\_\_\_\_

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**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.

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## 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.



**Employment Screening Services**

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

Impact Credit Union requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, and motor vehicle records. In addition this company may contact personal references and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements

I authorize CBCInnovis Employment Screening Services and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Services with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, CBCInnovis Employment Screening Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

**Please provide all requested information and provide addresses for the last seven- (7) years**

\_\_\_\_\_  
(Applicant's Name, Printed - Last, First Middle)

\_\_\_\_\_  
(Maiden Or Other Name(s) Used)

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

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

\_\_\_\_\_  
(Previous Address - City, State, Zip)

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

\_\_\_\_\_  
(Previous Address - 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)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*Disclaimer: This form is not meant to provide legal advice of any kind. Legal advice should be sought from your attorney. We make no claims, promises or guarantees about the accuracy, completeness or adequacy of the information contained herein. We make not warranty that this form is appropriate for your particular needs. Please contact your legal or human resource department for your specific guidelines to your organization.*