

LASSEN COUNTY FEDERAL CREDIT UNION

Application for Employment

Please submit to: Lassen County Federal CU, Attn: Human Resources, 2605 Riverside Dr, Susanville, CA 96130

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin, ancestry, age, disability, marital status, source of income, class, religion, physical characteristics, political belief as prohibited by Federal or State laws. No information on this application will be used for the purpose of unlawful discrimination.

Please read the entire form before you begin filling it out. Answers should be typed or carefully printed in ink, so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this application. Answer all questions, indicating "None" where applicable. This application must be completed in its entirety before any offer of employment may be considered.

P E R S O N A L	Name	Last	First	Middle Initial
	Current Mailing Address (Street or P.O. Box	City	State	Zip Code
	Home Telephone	Work Telephone		
	Best time/place to contact you:	Social Security Number		
	Have you ever worked under any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list _____			
	If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you legally eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>			
	Have you worked for LCFCU before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when and in what position: _____			
List any relatives employed by LCFCU and his/her relationship to you: _____				

P O S I T I O N	For which position are you applying? _____	
	Are you able to perform the essential functions of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain: _____	
	<i>Consistent attendance and punctuality are essential requirements of every job at LCFCU.</i>	
	What type of work do you seek? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time What is your desired salary range? \$ _____	
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date available to work: _____ Are you currently on lay-off status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Referred by _____	
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Complete the following history for at least the last five years. Please attach additional sheets if necessary. Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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<hr/> <hr/> Employer Name	<hr/> <hr/> Address	
<hr/> <hr/> Phone	<hr/> <hr/> Job Title	<hr/> <hr/> Supervisor
<hr/> <hr/> Work Performed		<hr/> <hr/> May We Contact
<hr/> <hr/> Dates Employed From—To	<hr/> <hr/> Hourly Rate/Salary Starting—Final	<hr/> <hr/> Reason For Leaving
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Check the box of any of the following which you have the knowledge, skill and ability to operate or perform:

- Calculator
- Data Base; program name: _____
- IBM compatible PC
- Keyboarding; _____ words per minute.
- Presentation graphics; program name: _____
- Spreadsheet; program name: _____
- Word processing; program name: _____
- Other: _____

List any job-related professional, trade or vocational organizations to which you belong. *(Omit any organization which reflects your race, color, religion, age, sex sexual orientation, marital status or disabilities)*

List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications.

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High School	Address	Course of Study	# yrs	Graduate	Degree/Diploma
College	Address	Course of Study	# yrs	Graduate	Degree/Diploma
College	Address	Course of Study	# yrs	Graduate	Degree/Diploma
Business	Address	Course of Study	# yrs	Graduate	Degree/Diploma
Trade/Technical	Address	Course of Study	# yrs	Graduate	Degree/Diploma
Other	Address	Course of Study	# yrs	Graduate	Degree/Diploma

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Position may require bond coverage, have you ever had fidelity bond coverage denied or cancelled? Yes No

If "Yes", please explain: _____

Have you ever been convicted of a crime? Yes No If "Yes", please give offense, date and disposition of case:
(Convictions will not necessarily disqualify you from employment.)

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Please list three (3) references that are not related to you and have known you for at least three (3) year.

Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known

I understand and acknowledge that:

Receipt of this application by Lassen County Federal Credit Union (LCFCU), does not guarantee an interview or offer of employment.

LCFCU may require the completion of pre-employment testing as a condition of employment for non-exempt positions, and that taking the pre-employment test is part of my job application, and that the test results will be used to assist LCFCU in making an employment decision.

As a LCFCU employment applicant, I understand that LCFCU may make a background investigation. This investigation may contain information as to my work habits, experience, character and performance. Information may be requested from public and private sources about my reasons for termination of past employment, driving records, court records, education, credentials, credit and reference.

The information requested will be used in compliance with the Fair Credit Reporting Act, the Federal Americans with Disabilities Act (ADA), and/or other applicable Federal or State laws. I understand that if I am denied employment because of information contained in whole or in part in the background investigation, that I have the right to be notified and given the name and address of the agency or source that provided the information.

I hereby authorize, without any reservation, any law enforcement agency, school, employer, reference, information service bureau institution contacted by LCFCU, to furnish the information described above.

I understand that a facsimile or photographic copy of this release shall be valid as the original.

I understand and acknowledge that if I am offered employment:

It is contingent upon background checks.

Any false statement, misrepresentation or omission of facts on this application or on any supporting document, regardless of when discovered to be false or omitted, may result in the immediate termination of my employment.

My employment shall be at will and for no definite period and may be terminated at any time, with or without cause and with or without prior notice at the option of either LCFCU, or myself.

I agree to abide by all work rules, policies, procedures and applicable Federal and State laws.

Only the CEO/President may alter or amend any condition of employment.

Print Full Name

Signature

Date