



Application for Employment

We are an Equal Opportunity Employer
This organization participates in E-Verify

Qualified applicants are considered for all positions without regard to race, color, religion, sex, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally protected status.

Personal Information							Date:	
Name (Last, First, Middle Initial)							Cell Phone:	
Address (Street, City, State, Zip Code)							Telephone:	
Are you over 18 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Email:			
Location you are applying for:			<input type="checkbox"/> Paso Robles <input type="checkbox"/> Atascadero <input type="checkbox"/> San Luis Obispo <input type="checkbox"/> Arroyo Grande <input type="checkbox"/> Santa Maria					
Date available:			Position applying for:					
Work hours desired:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary					
Days and hours available								
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From:	N/A							
To:	N/A							

Employment History	
<p>A resume may accompany this form but will not be accepted in lieu of completion of ANY SECTION of this form. Include ALL employment, military, and relevant volunteer experience within the LAST 10 YEARS (more if needed to qualify), beginning with your most RECENT employer. Additional qualifying experience may be listed on a separate sheet with your name, employment dates, the average work hours per week and a general description of duties.</p>	
<p>May we contact your present employer before offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A After offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

1. EMPLOYER – Organization Name & Address:		Job Title:	DATES OF EMPLOYMENT From: To:
		Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:			
2. EMPLOYER – Organization Name & Address:		Job Title:	DATES OF EMPLOYMENT From: To:
		Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:			
3. EMPLOYER – Organization Name & Address:		Job Title:	DATES OF EMPLOYMENT From: To:
		Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:			
4. EMPLOYER – Organization Name & Address:		Job Title:	DATES OF EMPLOYMENT From: To:
		Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:			



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5. EMPLOYER – Organization Name & Address:	Job Title:	DATES OF EMPLOYMENT From: To:
	Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:		
6. EMPLOYER – Organization Name & Address:	Job Title:	DATES OF EMPLOYMENT From: To:
	Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:		
7. EMPLOYER – Organization Name & Address:	Job Title:	DATES OF EMPLOYMENT From: To:
	Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:		
8. EMPLOYER – Organization Name & Address:	Job Title:	DATES OF EMPLOYMENT From: To:
	Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:		
9. EMPLOYER – Organization Name & Address:	Job Title:	DATES OF EMPLOYMENT From: To:
	Job Duties:	Reason for leaving:
Immediate Supervisor / Telephone Number:		
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Education, Training, and Experience			
High School (Name and address):	# of years completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma
College/University (Name and address):	# of years completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma
Vocational/Business (Name and address):	# of years completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Diploma

Skills and Abilities	
Typing Speed: WPM	Foreign Languages (speak, read, or write):
	Other Skills & Abilities (specialized equipment, etc.):

Computer Technology Skills					
Skills Area	Application/Software Used	Skill Level			
		No Exp.	Some Exp.	Competent	Expert
Word Processing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Mail/Calendars		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Union Software		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professional / Personal References			
List at least two (2) professional references. If also listing personal references, list only non-relative references.			
Name	Professional / Personal	Telephone	Years known

Others
 Have you ever had fidelity bond coverage modified, revoked, or declined? Yes No If "Yes," please explain.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?
 Yes No If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a felony? The Credit Union asks this because it is required under federal law to review convictions of any offense involving dishonesty, breach of trust, or money laundering. *Do **not** include arrests or detention not resulting in a conviction; convictions that have been dismissed, sealed, expunged, or statutorily eradicated; criminal proceedings governed by juvenile court; or non-felony convictions for the use of or possession of marijuana which is over two years of age.* (NOTE: A felony conviction will not necessarily disqualify you from being considered for employment).
 Yes No If Yes, explain, including date and location.

How did you learn about this position?

Applicant Acknowledgment and Release

PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

(No computer generated initials or signatures will be accepted, original only):

Applicant Name: _____

Initials _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials _____ I hereby authorize SESLOC Federal Credit Union to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials _____ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the company's designated representative.

Initials _____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Initials _____ I understand that SESLOC Federal Credit Union may require the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests at the Company's discretion.

Initials _____ SESLOC Federal Credit Union will verify bondability and order an employment credit report on you in connection with your Application for Employment. The "Consumer Reporting Agency" that will prepare and process the report(s) is: ADP Screening and Selection Services, 301 Remington St., Fort Collins, CO 80524, Telephone 800-367-5933.

Under California law you have a right to receive a copy of your Employment Credit Report from the credit reporting agency free of charge by checking the appropriate box below. Your Employment Credit Report will be mailed to you by SESLOC Federal Credit Union. I have read, understand, and agree with the above notice. I want a free copy of my credit report. Yes No

Home Address:

Applicant Signature

Date