# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete the first two pages.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. Please note "Not Applicable" is not answering a question.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

REFFERAL SOURCE

O Friend O Relative
O Monster.com O Newspaper
O Internet O Yellow Pages
O Other _____

TODAY'S DATE: _____ INTERVIEWER_____

POSITION DESIRED: _____SALARY REQUIREMENT:_____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER:_____

HOME PHONE: _____WORK PHONE:_____

CELL PHONE: _____ EMAIL:_____

CURRENT ADDRESS _____
STREET

_____
CITY STATE ZIP

_____
How many years / months have you been at this address?

PRIOR ADDRESS _____
STREET

_____
CITY STATE ZIP

_____
How many years / months have you been at this address?

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during this interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

For which positions are you applying?_____ What date can you start?_____

For which positions would you NOT be interested in applying? _____

What category would you prefer? O Full-time O Part-time O Temporary O Labor Pool

For what schedules are you available? O Days O Evenings O Nights O Overtime O Shift O Other_____

Please circle the days that you are available to work S M T W TH F S Hours Available:_____

How many miles / minutes from your home are you willing to commute? _____ List locations you are willing to work: _____

## JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

O Yes O No If the job requires, do you have the appropriate valid driver's license? Name on license: _____

DL#_____ Type/State of Issue_____

O Yes O No If hired, can you provide proof the you are at least 18 years or older?

O Yes O No Have you been given a job description or had the essential functions of the job explained to you?

O Yes O No Do you understand these functions?

O Yes O No Can you perform the essential functions of this job with or without reasonable accommodations?

List languages in which you are fluent: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: _____

_____

## SECURITY

List states and counties of residence of the past seven years: _____

_____

O Yes O No Have you ever worked for this company before? If yes, please give dates and position. _____

O Yes O No Have you used any names or Social Security Numbers other than given above? If yes, please list in comments below.

O Yes O No Have you plead guilty or "no contest" to, or been convicted of a misdemeanor or felony other than the crime of possession of Marijuana more than two years ago. If yes, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy, and applicable sate and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

O Yes O No Have you had any moving violations? Please describe in the boxes below.

O Yes O No Have you been arrested for and matters for which you are out on bail or on your own recognizance pending trial? If yes, give dates and describe in the boxes below.

| INCIDENT | CITY/STATE | CHARGE |
|---|---|---|
| 1. | | |
| 2. | | |

## PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered
Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER

O Yes O No Are you currently working for this employer?

O Yes O No If yes, may we contact?

PHONE ( )

FAX ( )

COMPANY NAME | CITY | STATE

FROM TO

DATE EMPLOYED | JOB TITLE | SUPERVISORS NAME

DUTIES

SALARY PER (HOUR, WEEK, MONTH) | REASONS FOR LEAVING

SECOND MOST RECENT EMPLOYER

PHONE ( )

FAX ( )

COMPANY NAME | CITY | STATE

FROM TO

DATE EMPLOYED | JOB TITLE | SUPERVISORS NAME

DUTIES

SALARY PER (HOUR, WEEK, MONTH) | REASONS FOR LEAVING

THIRD MOST RECENT EMPLOYER

PHONE ( )

FAX ( )

COMPANY NAME | CITY | STATE

FROM TO

DATE EMPLOYED | JOB TITLE | SUPERVISORS NAME

DUTIES

SALARY PER (HOUR, WEEK, MONTH) | REASONS FOR LEAVING

## REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

| NAME | ADDRESS / PHONE | YEARS KNOWN / RELATIONSHIP |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

## EDUCATION

NOTE: Do not fill our any part of this section that you believe to be non job-related.
Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+
If your school records are under a different name then listed on page 1, please enter that name:_____

| NAME | CITY / STATE | GRADUATE? | DEGREE? |
|---|---|---|---|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| OTHER | | | |

## COMMENTS

ASK FOR ADDITIONAL PAGE IF NECESSARY

## CERTIFICATE AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said person, schools, companies, and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

| SIGNATURE | DATE |
|---|---|
| | |

## APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as a personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individual who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use , disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons name herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I also acknowledge that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expenses and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against the other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relations or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, and Employment Develop Department claims) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). However, noting herein shall prevent me from filing and pursuing administrative proceedings only before the California Department of Fair Employment and Housing, or the U.S. Equal Opportunity Commission. In addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extend applicable in civil actions in California courts, the following shall apply and be observed; all rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motion for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of and arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the recode and argument of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable, it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND BY VOLUNTARY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.**

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to give up the benefits of arbitrating Title VII claims. [ ]

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true an correct. I have withheld nothing that would, if discloses, affect this application unfavorable. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

**If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representatives, and understandings of the employee and the Company.**

*If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.*

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

_____ _____

**SIGNATURE OF APPLICANT** **DATE**

# RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by SAN MATEO CREDIT UNION that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include The Department of Justice and The Youth Authority, companies, corporations, worker's compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary and criminal records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officer, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

## PLEASE PRINT CLEARLY

_____ _____

**SIGNATURE OF APPLICANT** **PRINT FULL NAME (First, Middle & Last Name)**

_____

_____ _____

DATE APPLICANT'S ADDRESS

**For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes in checking records. It is confidential and will not be used for any other purpose.**

_____ _____ _____ _____

**DATE OF BIRTH** **DRIVERS LICENSE NUMBER** **STATE** **SOCIAL SECURITY NUMBER**

**L AST NAME AS IT APPEARS ON LICENSE** _____

# RELEASE AND AUTHORIZATION FORM

## Authorization to Obtain Credit Information

In accordance with the Consumer Credit Reporting Reform Act of 1996 Section 604 (B), I hereby authorize San Mateo Credit Union and/or its agents to obtain an Employment Insight Credit Report concerning my current credit status. I understand that such an inquiry is relevant to the position for which I am applying. I understand that a credit report will be obtained and that I am entitled to a copy of this report. If adverse action is taken, based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. The report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

_____ _____

SIGNATURE OF APPLICANT DATE:

_____ _____

PLEASE PRINT FULL NAME SOCIAL SECURITY NUMBER

ADDRESS: _____

_____

_____

## A Summary of Your Rights
## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (http://www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

• You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

• You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

• You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

• Inaccurate information must be corrected or deleted. ACRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

• You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

• Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

• Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

• Your consent is required for reports that are provided to employers, or reports that contain medical information. ACRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

• You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

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The FCRA gives several different federal agencies authority to enforce the FCRA:

| **For Questions or Concerns Regarding:** | **Please Contact:** |
|---|---|
| CRAs, creditors and others not listed below. | Federal Trade Commission<br>Bureau of Consumer Protection FCRA<br>Washington, DC 20580 202-326-3761 |
| National banks, federal branches/ agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency<br>Compliance Management, MS 6-6<br>Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board<br>Consumer & Community Affairs<br>Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Programs<br>Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314 703-518-6360 |
| Banks that are state-chartered or are not Federal Reserve System members | Federal Deposit Insurance Corporation<br>Compliance & Consumer Affairs<br>Washington, DC 20429 800-934-FDIC |
| Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture<br>Office of Deputy Administrator-GIPSA<br>Washington, DC 20205 202-720-7051 |

# Disclosure to Employment Applicant
# Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.