

## ADVANTAGE PLUS FEDERAL CREDIT UNION

## **JOB APPLICATION**

PO Box 4610 2133 E Center Street Pocatello, Idaho 83205-4610 (208) 232-7711 \* FAX (208) 232-1911

We request the fellow	in a information to	halm ua malra	a tha baat maasi	hla mlaaaman	t. Vou should commists s	Date	
we request the follow application that pertain					<ul> <li>t. You should complete a his form.</li> </ul>	in portions of this	
f offered employmen	t and accepted, yo	u are required	l by law to show	w you are 18	years of age or over.		
Name					Social Security #		
LAST		FIRST		MI			
Home Telephone N	o				Alternate Phone No.		
Address							
STREET	Γ				CITY	STATE	ZIP
By what name(s), o	ther than the one	shown on th	nis application	ı, would pas	t employers or schools	know you?	
Position for which	you are applying				Salary I	Desired	
Date available How did			How did x	you hear of opening?			
Date available				_ 110 w did y	ou hear or opening:		
EDUCATION - M	ILITARY TRA	INING					
		NAME	CITY/ST	MAJOR	CIRCLE YR COMPLETED	DID YOU GRADUATE	DEGREE
High School					1 2 3 4	Yes No	
Business/Trade Sch	iool				1 2 3 4	Yes No	
College					1 2 3 4	Yes No	
Graduate Studies					1 2 3 4	Yes No	
Other (Specify)					1 2 3 4	YesNo	
Other skills or expe in professional orga		d specifically	y qualify you	for this posi	tion. List any relevant	certificates, licenses, mem	berships

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?				
Can you travel if the job requires it?	Yes	☐ No		
Have you ever been convicted of a crime?	Yes*	☐ No	*If yes, please explain:	
*A CONVICTION WILL NOT NECESSARIL	Y BE A BAR	TO EMPLO	YMENT AND WILL BE CONSIDERED ONLY AS IT	
RELATES TO THE POSITION APPLIED FOR				
Have you ever committed a crime?	Yes*	☐ No	*If yes, please explain:	
LIST COMPUTER PROGRAMS YOU ARE	E PROFICIEN	NT IN:		
REFERENCES:				
List name, address, and phone number of two pr	rofessional refe	erences. (Lis	t persons other than former supervisors or relatives.)	
		<b>-</b> -		
		_		
		_		
		_		
Phone no /			Phone no /	

EMPLOYMENT HISTORY - BEGINNING WITH THE MOST RECENT, COMPLETE THE INFORMATION REQUESTED BELOW FOR ALL EMPLOYERS FOR THE PAST 10 YEARS. IF NECESSARY, PLEASE USE ADDITIONAL PAPER.

## COMPLETE ALL ITEMS AND BE SPECIFIC.

## ATTACHING A COPY OF YOUR RESUME IS NOT SUFFICIENT - THIS SECTION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

1. COMPANY	ADDRESS	TELEPHONE
DATES EMPLOYED	SALARY	NAME OF SUPERVISOR
FROM: TO	STARTING LEAVING	NG
YOUR TITLE	YOUR DUTIES	•
	L	
REASON FOR LEAVING		
2. COMPANY	ADDRESS	TELEPHONE
DATES EMPLOYED	SALARY	NAME OF SUPERVISOR
FROM: TO	STARTING LEAVIN	
YOUR TITLE	YOUR DUTIES	
REASON FOR LEAVING		
3. COMPANY	ADDRESS	TELEPHONE
DATES EMPLOYED	SALARY	NAME OF SUPERVISOR
FROM: TO	STARTING LEAVING	
YOUR TITLE	YOUR DUTIES	•
	I	
REASON FOR LEAVING		
4. COMPANY	ADDRESS	TELEPHONE
DATES EMPLOYED	SALARY	NAME OF SUPERVISOR
FROM: TO	STARTING LEAVIN	
YOUR TITLE	YOUR DUTIES	10
TOUR TITLE	TOUR DUTIES	
REASON FOR LEAVING		
İ		

PLEASE EXPLAIN YOUR INTEREST IN THIS PARTICULA BRING TO YOUR WORK. DESCRIBE HOW YOUR BACKG WITH THE POSITION AS YOU UNDERSTAND IT.	
PLEASE READ CAREFULLY BEFORE SIGNING. YOUR SI FOR EMPLOYMENT WITH ADVANTAGE PLUS FEDERAL	
I understand that all qualified applicants will receive consideration for ancestry, age, disability, marital status, source of income, class, et No information on this application will be used for the purpose of d	c. as prohibited by Federal or State Laws.
I understand that receipt of this application by Advantage Plus Feder of employment.	ral Credit Union does not guarantee a job interview or offer
I understand that Advantage Plus Federal Credit Union will conduct application for employment with the Company. I authorize all school Advantage Plus Federal Credit Union my records, reason for leaving release them and their employees and Advantage Plus Federal Credit whatsoever arising therefrom. I also authorize investigation of all states.	ols which I attended and all of my previous employers to furnish g, and all information they may have concerning me and I hereby t Union and its employees from all liability for any damage
I understand and agree that, should I be employed at Advantage Plus with the Company will be on an AT-WILL basis. Upon hire, I will be employment. This means that I am free to terminate my employment and that Advantage Plus Federal Credit Union is similarly entitled to Further, I acknowledge that the procedures, policies and practices of my employment may be changed at any time by the Company in its scontract or imply any contractual obligations.	the company at any time with or without cause or notice terminate my employment with or without cause or notice. The Company, its employee handbook, and the conditions of
I understand that any offer of employment with Advantage Plus Federeview and copying, documents indicating my legal authorization to INS Form I-9 under penalty of perjury. This procedure is in complication applies to all persons hired by any U.S. employer after November 6,	work in the United States and that I will be asked to sign an ance with the Immigration Reform and Control Act of 1986, which
I certify that all my statements and answers in this application are true. I understand that any untrue or incomplete statements or omissions of disqualification from further consideration or in my later discharge in	of requested information in this application may result in
APPLICANT'S SIGNATURE	DATES SIGNED