



## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

### PERSONAL INFORMATION

NAME	SOCIAL SECURITY NUMBER			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">LAST</td> <td style="width: 33%; border: none;">FIRST</td> <td style="width: 33%; border: none;">MIDDLE</td> </tr> </table>	LAST	FIRST	MIDDLE	
LAST	FIRST	MIDDLE		

PRESENT ADDRESS				
STREET	CITY	STATE	ZIP	

PERMANENT ADDRESS				
STREET	CITY	STATE	ZIP	

ARE YOU 18 YEARS OR OLDER?     Yes     No                      PHONE NO.    APARTMENT NO.

DRIVER'S LICENSE INFORMATION                      STATE:    NUMBER:

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.
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ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?     YES                       NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (You will NOT be automatically disqualified by answering yes to this question.)                       YES                       NO

HAVE YOU EVER HAD ANY BOND COVERAGE MODIFIED OR REVOKED, OR HAS ANY BOND APPLICATION EVER BEEN DECLINED?     YES                       NO

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
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EMPLOYMENT PREFERENCE     TEMPORARY     PART-TIME     FULL-TIME

ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
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ANY RELATIVES IN OUR EMPLOYMENT?	IF YES, PLEASE LIST.
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EVER WORKED IN A CREDIT UNION?	IF YES, PLEASE GIVE DETAILS.
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EVER APPLIED TO TUSCALOOSA TEACHERS CREDIT UNION?	WHEN?
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EVER WORKED FOR TUSCALOOSA TEACHERS CREDIT UNION?	WHEN?
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REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT TUSCALOOSA TEACHERS CREDIT UNION

WHO REFERRED YOU TO TUSCALOOSA TEACHERS CREDIT UNION?	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT	<input type="checkbox"/> OTHER
<input type="checkbox"/> STATE EMPLOYMENT	<input type="checkbox"/> COLLEGE PLACEMENT	<input type="checkbox"/> WALKED IN	<input type="checkbox"/> EMPLOYEE
<input type="checkbox"/> OFFICE	<input type="checkbox"/> SERVICE		

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

**EDUCATION**

<u>SCHOOL LEVEL</u>	<u>NAME AND LOCATION OF SCHOOL</u>	<u>*NO. OF YEARS ATTENDED</u>	<u>*DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
HIGH SCHOOL				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

ARE YOU CURRENTLY ENROLLED IN SCHOOL?

IF YES, WHAT COURSES ARE YOU TAKING AND WHERE?

IF NO, DO YOU PLAN TO PURSUE FURTHER STUDIES?

**FORMER EMPLOYERS LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST****NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER**

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF DUTIES

REASON FOR LEAVING

**NAME AND ADDRESS OF PREVIOUS EMPLOYER**

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

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**NAME AND ADDRESS OF PREVIOUS EMPLOYER**

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WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF DUTIES

REASON FOR LEAVING

PLEASE ACCOUNT FOR ANY EXTENDED PERIODS OF UNEMPLOYMENT, OTHER THAN WHEN IN SCHOOL.

DATE: EXPLANATION:

DATE: EXPLANATION:

REFERENCES PROVIDE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS ACQUAINTED</u>
1			
2			
3			

### SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	DATE OBLIGATION ENDS

### AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME."

"IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO TUSCALOOSA TEACHERS CREDIT UNION'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR TUSCALOOSA TEACHERS CREDIT UNION'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY TUSCALOOSA TEACHERS CREDIT UNION. I UNDERSTAND THAT NO TUSCALOOSA TEACHERS CREDIT UNION EMPLOYEE OR REPRESENTATIVE, EXCEPT THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

"I, THE UNDERSIGNED, OF MY OWN FREE WILL AND WITHOUT DURESS, AGREE IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT WITH TUSCALOOSA TEACHERS CREDIT UNION TO SUBMIT TO ALCOHOL/DRUG TESTING. I AGREE THAT THE RESULTS OF ALCOHOL/DRUG TESTING WILL BECOME PART OF MY EMPLOYMENT APPLICATION AND MY PERSONNEL FILE IN THE EVENT I AM EMPLOYED. I UNDERSTAND THAT THESE ALCOHOL/DRUG EXAMINATIONS MAY BE REPEATED FROM TIME TO TIME DURING MY EMPLOYMENT AND I UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT AND CONTINUED EMPLOYMENT, TUSCALOOSA TEACHERS CREDIT UNION MAY, FROM TIME TO TIME, REQUIRE ME TO SUBMIT SPECIMENS OF BLOOD, URINE, AND OTHER BODILY FLUIDS FOR TESTING TO DETERMINE THE PRESENCE OF ALCOHOL AND/OR CONTROLLED SUBSTANCES. I HEREBY AUTHORIZE AND CONSENT TO SUCH TESTING AND DO HEREBY AUTHORIZE THE TESTING AGENCY TO RELEASE THE RESULTS OF ANY SUCH TEST TO TUSCALOOSA TEACHERS CREDIT UNION. I UNDERSTAND THAT IF I FAIL TO COMPLY WITH TUSCALOOSA TEACHERS CREDIT UNION'S REQUEST IN THIS REGARD OR TO FURNISH THE APPROPRIATE SAMPLES WHEN AND AS REQUESTED I WILL BE SUBJECT TO IMMEDIATE TERMINATION. I UNDERSTAND THAT ANY OF MY PERSONAL ITEMS BROUGHT TO TUSCALOOSA TEACHERS CREDIT UNION, INCLUDING LUNCH BOXES, PURSES, AND PACKAGES, ARE SUBJECT TO SEARCH(S) AT ANY TIME. I ALSO UNDERSTAND THAT MY LOCKER OR DESK IS SUBJECT TO SEARCH AT ANY TIME. I CONSENT TO SUCH SEARCH OR AGREE TO COOPERATE WITH THE CREDIT UNION, IF REQUIRED. FAILURE TO COOPERATE IN A CREDIT UNION AUTHORIZED SEARCH SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT."

"I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS AND CAUSES OF ACTION OF EVERY KIND WHATSOEVER AGAINST TUSCALOOSA TEACHERS CREDIT UNION OR ANY OF ITS OFFICERS AND EMPLOYEES AND ANY PERSON, FIRM, OR CORPORATION ENGAGED BY TUSCALOOSA TEACHERS CREDIT UNION IN THE TAKING AND MAINTAINING OF SUCH ALCOHOL/DRUG TESTS, AND CONDUCTING SEARCHES, OR FROM ANY RESULTING ACTION OR NON-ACTION BY TUSCALOOSA TEACHERS CREDIT UNION BECAUSE OF SUCH TESTS, OR IN CONDUCTING ANY INVESTIGATION CONCERNING MY BACKGROUND WHICH I MAY NOW OR IN THE FUTURE HAVE ARISING OUT OF OR IN CONNECTION WITH AFORESAID ALCOHOL/DRUG TESTS OR INVESTIGATIVE PROCEDURES."

DATE

SIGNATURE



## APPLICATION FOR EMPLOYMENT ADDENDUM

### Employer Disclosure - Fair Credit Reporting Act

By this document, Tuscaloosa Teachers Credit Union discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during employment. Please sign below to indicate receipt of this disclosure.

Applicant/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Union Signature \_\_\_\_\_ Date \_\_\_\_\_

### Employee Authorization - Fair Credit Reporting Act

This document authorizes Tuscaloosa Teachers Credit Union to obtain a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Tuscaloosa Teachers Credit Union to obtain consumer reports at any time during my employment period.

Applicant/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Union Signature \_\_\_\_\_ Date \_\_\_\_\_