

EMPLOYMENT RECORD

List below your complete full-time, part-time and temporary employment history, including all self-employment and military service assignments, beginning with your present or most recent job and continue on additional pieces of paper if necessary.

Name of Company	From	To	Supervisor's Name & Position	Reason For Leaving
Company Address / Phone	Starting and Ending Salary			
Your Position / Title				
Describe the work Performed				

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Company Address / Phone	Starting and Ending Salary			
Your Position / Title				
Describe the work Performed				

EECU will probably contact all employers listed above unless you specifically indicate below those employers whom you do not want us to contact and give us the reasons for your request _____

(You may attach an additional sheet or resume to list other work).

PERSONAL

Are you legally eligible to work in the USA? YES _____ NO _____

Are you 18 years of age, or over? YES _____ NO _____

If not, can you furnish a work permit? YES _____ NO _____

Have you applied for a job with EECU before? YES _____ NO _____

Have you worked for EECU before? YES _____ NO _____

If yes to either question, please provide dates and other details. _____

Have you ever used a different name? If so, please list that name. _____

Are you currently or have you ever been a party to any misdemeanor or felony criminal matter, other than minor traffic safety violations for which no arrest was made, in which you were charged, convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (Note: Answering "yes" will not automatically bar you from employment.) YES _____ NO _____

If yes, describe in full. _____

Are you willing to take a complete physical examination following an offer of employment at the expense of this organization? YES _____ NO _____

If the position you are applying for requires lifting, bending, stooping, climbing, reaching, pulling, pushing and any other physical effort to perform the assigned tasks, are you able to perform these physical tasks with or without a reasonable accommodation? _____

If the position you are applying for requires travel, are you willing and able to do so? YES _____ NO _____

Indicate languages other than English that you speak, read, or write, and indicate fluency in each. _____

Are you covered by a "non-compete" or confidentiality agreement with respect to a current or former employer? YES _____ NO _____ If yes, explain in detail. _____

Do you have friends, family members, relatives or acquaintances currently employed with EECU? YES _____ NO _____
If so, who _____ Relationship _____

Describe any outside business activities, specialized training, skills and extra curricular activities relevant to the position for which you are applying. _____

Have you ever been bonded? YES _____ NO _____

If yes, with what employer? _____

Describe positions of leadership or responsibility that you have held in school, work or elsewhere which are relevant to the position for which you are applying. _____

APPLICANT'S AUTHORIZATION

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize EECU to (1) investigate the truthfulness and completeness of all statements made on this application; (2) contact my schools, former and current employers (except those employers which I have specifically stated on the application may not be contacted) and other listed references or any other persons who can verify information including local, state, and federal law enforcement personnel; and (3) discuss the results of any investigation with other EECU employees involved in the hiring process. In addition, I give my consent for all contacted persons including former and current employers to provide information concerning this application, and I release EECU and each such person from liability that may result from the release and/or use of such information.

I also agree to provide EECU with any other authorization or release it needs to complete its background investigation and to determine my suitability for employment, or continued employment, as the case may be.

Applicant's Signature _____

Printed Name _____

Date _____

PLEASE READ CAREFULLY BEFORE SIGNING

By accepting, and in consideration of employment with the credit union, all employees agree to conform to the credit union's policies and procedures. All employment with EECU is "at will", meaning it is for no definite period, and the credit union is free to terminate the employment relationship with any employee at any time, with or without cause. I understand that no EECU representative, other than the President, has the authority to enter into any agreement for employment for any specified period of time, and that any such agreement must be in writing and signed by me and the President.

The answers on this employment application are true, correct and complete to the best of my knowledge. I understand that false statements, misleading statements or omission of facts on this application, on my resume or during the interview and hiring process may disqualify me from further consideration, or if hired, may result in my dismissal from employment.

EECU provides equal opportunity to all employees and applicants for employment. EECU, in accordance with applicable state and federal law, does not discriminate on the basis of race, religion, color, sex, sexual orientation, age, national origin, veteran status, disability, or any other characteristic protected by law. This guideline applies to all terms, conditions and privileges of employment including, but not limited to hiring, orientation period, training, placement and employee development, promotion, transfer, compensation, benefits, educational assistance, termination and retirement.

All decisions made with respect to recruiting, hiring and promotions for all job classifications will be made solely on the basis of individual qualifications related to the requirements of the position. Likewise, the administration of all other personnel matters such as compensation, benefits, transfers, reduction in force, recall, training, educational and social/recreational programs will be free from any illegal discriminatory practices.

Date

Signature of Applicant

APPLICANT DATA SURVEY
(Completion of information below is voluntary)

PLEASE READ BEFORE COMPLETING THIS SURVEY

All applicants receive consideration for positions without regard to race, color, religion, sex, age, national origin, marital status, veteran status, disability, or any other legally protected status.

We comply with all applicable government regulations, including affirmative action obligations. In an effort to **comply with government record keeping and reporting requirements**, we ask that you provide the following information. Please be advised that information provided on this form is confidentially maintained and will not be retained with your employment application or be considered in any hiring decision.

PERSONAL DATA

Please print _____ Date _____
Last First Middle
Applying for Position as _____ Location _____

EQUAL EMPLOYMENT OPPORTUNITY CLASSIFICATION

CHECK ONE BOX FOR EACH OF THE FOLLOWING AREAS THAT APPLY:

Sex: Male: Female:

Race/Ethnic Groups:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or more races
- White

Veterans Group:

- Vietnam Era Veteran (You performed duty anytime after August 5, 1964 and before May 7, 1975.)
- Disabled Veteran (You were discharged or released from active duty in the military service of the U.S. because of a disability incurred or aggravated in the line of duty; or you are entitled to disability compensation under the laws administered by the U.S. Veterans Administration for a disability rated at 30 percent or more.)
- Other Veteran (Veterans who served on active duty during a war or in a campaign or expedition for Which a campaign badge has been authorized)

EECU Consumer Report Disclosure Form

EECU may, with your consent, obtain a consumer report (as defined by the Fair Credit Reporting Act) from a Consumer Reporting Agency related to your prospective, current, or future employment. This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living).

You may request that the nature and scope of any investigative consumer report be disclosed to you. Such disclosure will be made within 5 days of our receipt of the request from you or five days after the date the investigative consumer report was first requested, whichever is later.

By signing below, you grant permission to EECU or any of its affiliated or subsequent companies to obtain such report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to Imperative Information Group, Inc., including information which may be deemed negative.

Signature

Date

Identity Information

First Name:

Middle Name:

Last Name:

Current Home Address:

City:

State:

ZIP:

Other Names Used:

(maiden names or aliases)

Social Security Number:

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Drivers License State:

Number:

Date of Birth:

Month:

Day:

Year:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

**PRE/POST-EMPLOYMENT ALCOHOL AND ILLEGAL DRUG
SCREENING AUTHORIZATION**

Applicant's Name (Print): _____

Social Security Number: _____

I understand that EECU has a commitment to maintain an alcohol and drug-free workplace and that EECU requires all prospective employees to undergo a screening test for the presence of illegal drugs as part of its selection and hiring process.

I understand that such a test for illegal drugs shall consist of the testing of a urine or blood sample, or other medically recognized test designed to detect traceable amounts of an illegal controlled substance in my body. If any detectable amounts of such substance are found in my body, a second test approved by NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn.

I also understand that if, at any time during the course of my employment with EECU, my workplace behavior suggests that I am intoxicated or under the influence of illegal drugs, that as a condition of my continued employment, I may be ordered to submit to a screening test for the presence of alcohol or illegal drugs as described above. I understand that a positive result to such a test, once confirmed, will be grounds for discipline, up to and including termination.

If a determination is made that the urine or blood sample has been altered by me or by someone else in my direction, I understand that any offer of employment shall be withdrawn.

A refusal by me to submit to drug testing as described herein shall be grounds for withdrawal of any offer of employment.

I have read, understand, and agree to the statement above:

Applicant Signature

Date