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Name of Applicant

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Date

## Application for Employment

An Equal Opportunity Employer

**PLEASE PRINT IN INK**

**PERSONAL DATA**

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER
HOME ADDRESS (Street Number and Name)			TELEPHONE NUMBER
(City, State and Zip Code)			EMAIL ADDRESS
SCHOOL ADDRESS (if applicable)			TELEPHONE NUMBER
BUSINESS ADDRESS (if applicable)			TELEPHONE NUMBER
List civic or other organizations in which you have held office (excluding racial, religious or nationality organizations):			
Hobbies or Special Interests:			
Honors or Awards you have received:			
Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of (or plea bargained to) a felony conviction? Yes <input type="checkbox"/> No <input type="checkbox"/> A prior conviction will not necessarily disqualify you from consideration for employment with the credit union. If yes, describe in full: _____			
Documentation proving your legal right to work in the United States will be required upon hiring.			

**EDUCATIONAL DATA**

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE AND ZIP CODE	MAJOR SUBJECT	DID YOU GRADUATE?
High School			
College or University			
Other Schools Attended			

## EMPLOYMENT DATA

For which position are you applying?				
How did you learn of the position?				
Describe briefly the type of work which you are best qualified to do by reason of education, previous employment or training, and why you feel qualified for the position for which you are applying?				
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Salary required:		If offered, employment date available:		
What category would you prefer? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary				
List all employment in chronological order (LAST POSITION FIRST)				
EMPLOYER		POSITION TITLE		PHONE NUMBER
				E-MAIL
ADDRESS (Street address, city, state and zip code)				
DESCRIBE WORK EXPERIENCE				
DATES EMPLOYED (MO/YR.) FROM	ENDING SALARY TO	NAME OF SUPERVISOR	REASON FOR LEAVING	
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EMPLOYER		POSITION TITLE		PHONE NUMBER
				E-MAIL
ADDRESS (Street address, city, state and zip code)				
DESCRIBE WORK EXPERIENCE				
DATES EMPLOYED (MO/YR.) FROM	ENDING SALARY TO	NAME OF SUPERVISOR	REASON FOR LEAVING	
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EMPLOYER		POSITION TITLE		PHONE NUMBER
				E-MAIL
ADDRESS (Street address, city, state and zip code)				
DESCRIBE WORK EXPERIENCE				
DATES EMPLOYED (MO/YR.) FROM	ENDING SALARY TO	NAME OF SUPERVISOR	REASON FOR LEAVING	
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Periods of U.S. Military Service FROM TO		Branch of Service		Reserve Status	
Relatives now employed by LCCU or relatives who are a member of the Board of Directors, including Local Advisory Boards or other Committees. PLEASE STATE NAME AND RELATIONSHIP:					
Give the names and addresses of three persons who could furnish information regarding your work experience, general reputation, and personal characteristics. DO NOT list relatives or minors.					
NAME	COMPLETE ADDRESS	PLACE OF EMPLOYMENT	PROFESIONAL RELATIONSHIP	PHONE NUMBER	YEARS KNOWN

**EQUAL OPPORTUNITY POLICY**

The Latino Community Credit Union has every intention of continuing compliance with Title VII of the Civil Rights Act and with the terms of the President’s Executive Order 11246 and 11375 on Equal Opportunity. There shall be no discrimination against any employee or applicant because of race, color, religion, sex, age, national origin, handicap, veteran status or sexual preference, and we subscribe to the policy and our program of affirmative action that all employees will be treated the same during their employment in all matters, including employment, upgrading, promotion, transfer, layoff, termination, rates of pay, selection for training, or recruitment.

The Latino Community Credit Union is subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Readjustment Act of 1974 which require that the Company take affirmative action to employ and advance in employment qualified handicapped individuals, disabled veterans and veterans of the Vietnam Era. If you have such a handicap or disability and would like to be considered under these affirmative action programs, please inform the Human Resources Department.

**EMPLOYMENT INQUIRIES**

A routine investigation, including inquiries addressed to the references you have furnished us, may be made during our processing of your application which will provide pertinent information concerning your general reputation, personal characteristics, work performance, and credit standing. Upon written request, additional information as to the nature and scope of such inquiry, if one is made, will be provided.

**CERTIFICATION**

“I understand that this application is not an offer of employment and that by accepting my application the Company does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, the Company reserves and retains the right to make such changes in the terms and conditions of my employment as the Company determines to be necessary or appropriate.

In consideration of my potential employment, I agree to conform to the rules and regulations of the Company, and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or amended by the Company at any time, at the Company’s sole discretion and without prior notice to me. I understand and agree that my future employment is not for ay guaranteed length of time and that both the Company and I have the freedom to terminate the employment relationship whenever either chooses to do so. I understand that no one other than the President of the Company has authority to make any other agreement. Any such agreement by the President shall be in writing.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire – or, if hired, dismissal.”

Signature of Applicant	Date
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*No application will be considered unless signed and dated.*

I authorize any of the persons or organizations referenced in this application to furnish Latino Community Credit Union any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, and release all such parties from all liability for any damage that may result from furnishing such information to LCCU. I authorize LCCU to request and receive such information.