



SHARON
CREDIT UNION

EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, age, national origin or disability.

PERSONAL INFORMATION

NAME: _____

PRESENT ADDRESS: _____

PHONE: _____ SOCIAL SECURITY NUMBER: _____

IN CASE OF EMERGENCY, NOTIFY: _____

ARE YOU AGE 18 OR OLDER: _____ TODAY'S DATE: _____

JOB INFORMATION

POSITIONS APPLIED FOR: _____

DAYS AVAILABLE TO WORK (CIRCLE): MON TUES WEDS THURS FRI SAT

SALARY DESIRED: PER HOUR \$ _____ ANNUAL \$ _____

U.S. CITIZEN (CIRCLE): YES NO (PROOF OF IMMIGRATION STATUS REQUIRED)

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK: (CIRCLE): YES NO

HAVE YOU WORKED AT SHARON CREDIT UNION BEFORE: (CIRCLE): YES NO
IF YES, WHEN? _____

HAVE YOU BEEN CONVICTED OF A FELONY INVOLVING THEFT OR VIOLENCE WITHIN THE PAST FIVE YEARS? (CIRCLE): YES NO
(YOU WILL NOT BE DENIED EMPLOYMENT BECAUSE OF A CONVICTION RECORD UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU APPLIED.)

ARE YOU A MEMBER OF THE NATIONAL GUARD/RESERVES? (CIRCLE): YES NO

HOW WERE YOU REFERRED TO SHARON CREDIT UNION? (CIRCLE):

SCU EMPLOYEE SOCIAL MEDIA

INDEED.COM LINKEDIN

MONSTER.COM OTHER

EDUCATION AND SKILLS

EDUCATION	SCHOOL NAME, CITY, STATE	# OF YEARS	MAJOR	DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS/TRADE				
CERTIFICATE/ COURSE				

LIST ANY JOB RELATED TRAINING OR SKILLS YOU HAVE ACQUIRED (COMPUTER TRAINING, COMMUNICATION SKILLS, ETC.):



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EMPLOYMENT EXPERIENCE AND WORK HISTORY

LIST ALL WORK EXPERIENCE, MILITARY SERVICE, SELF EMPLOYMENT AND PERIODS UNEMPLOYED, BEGINNING WITH MOST RECENT.

MOST RECENT POSITION: _____ EMPLOYMENT DATES: _____

COMPANY NAME: _____ COMPANY ADDRESS: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME & TITLE: _____

MAY WE CONTACT THIS FORMER EMPLOYER (CIRCLE): YES NO EMPLOYER PHONE: _____

POSITION: _____ EMPLOYMENT DATES: _____

COMPANY NAME: _____ COMPANY ADDRESS: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME & TITLE: _____

MAY WE CONTACT THIS FORMER EMPLOYER (CIRCLE): YES NO EMPLOYER PHONE: _____

POSITION: _____ EMPLOYMENT DATES: _____

COMPANY NAME: _____ COMPANY ADDRESS: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME & TITLE: _____

MAY WE CONTACT THIS FORMER EMPLOYER (CIRCLE): YES NO EMPLOYER PHONE: _____

REFERENCES

IF YOU DID NOT PROVIDE NAMES OF PAST EMPLOYMENT SUPERVISORS ABOVE, PLEASE GIVE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME: _____ STREET/TOWN: _____

PHONE: _____ HOW AQUAINTED? _____

NAME: _____ STREET/TOWN: _____

PHONE: _____ HOW AQUAINTED? _____

CERTIFY

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION ARE GROUNDS FOR DISMISSAL I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION, AND AUTHORIZE ALL SCHOOLS, PREVIOUS EMPLOYERS (AS CHECKED OFF), OR OTHER PERSONS HAVING KNOWLEDGE OF ME OR MY RECORDS TO RELEASE SUCH INFORMATION TO SHARON CREDIT UNION OR ITS AGENTS. I HEREBY RELEASE THOSE COMPANIES AND PERSONS AND SHARON CREDIT UNION FROM ALL CLAIMS OR LIABILITIES THAT MAY ARISE BY SUCH DISCLOSURES OR SUCH INVESTIGATIONS. I AGREE TO CONFORM TO ALL POLICIES OF SHARON CREDIT UNION AND ACKNOWLEDGE THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED (CIRCLE): YES NO START DATE: _____

POSITION: _____ BRANCH/DEPARTMENT: _____

WAGE: \$ _____ APPROVED BY: _____

**DISCLOSURE NOTICE TO APPLICANTS
AS REQUIRED BY THE
FAIR CREDIT REPORTING ACT**

In connection with your employment application, a consumer report, and/or an investigative consumer report, including information with respect to your character, general reputation, and personal characteristics, whichever are applicable, may be made.

You have the right, within a reasonable period of time after receipt of this notice, to make a written request for the nature and scope of the investigation requested by us and written summary of your rights under the Fair Credit Reporting Act.

Such requests should be mailed to:

EXPERIAN
PO BOX 949
ALLEN, TX. 75013



SHARON
CREDIT UNION

AUTHORIZATION FORM

I hereby authorize Sharon Credit Union, its subsidiaries, affiliates, employees and agents, to make inquiry of and request information from any individuals, present and former employers, schools and colleges, credit bureaus, criminal investigation bureaus, and any other entities that may possess information concerning me or that may be custodians of records relating to me, including Workers' Compensation. I also authorize the above described sources to release all information requested, including subjective evaluations, and I hereby release those sources from any liability for doing so.

I give this authorization in connection with an application relating to employment.

APPLICANT'S SIGNATURE:

NAME (PLEASE PRINT):

CURRENT ADDRESS:

DATES:

PREVIOUS ADDRESS:

DATES:

DATE OF BIRTH: