



Last Name		First Name	MI	SS #
ADDRESS: Street		City	State	Zip Code
Telephone # ( )	Cell Phone # ( )		Driver's License Number	
E-Mail Address			Date of Application / /	

REFERRAL SOURCE  Advertisement  Employee  Employment Agency  Walk-in  Other Name of Referral: \_\_\_\_\_  
 ARE ANY OF YOUR RELATIVES EMPLOYED BY SOUTHWEST OKLAHOMA FCU?  Yes  No

Date you are available for work?	Have you ever been employed here before? (if yes, give dates) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in this country and at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of employment desired. <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY**

Employer	Telephone ( )	Dates Employed		Salary	
Address		From	To	From	To
Job Title	Supervisor				
Reason for leaving	Summarize your job responsibilities:				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					

Employer	Telephone ( )	Dates Employed		Salary	
Address		From	To	From	To
Job Title	Supervisor				
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Job Title	Supervisor				
Reason for leaving	Summarize your job responsibilities:				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					



**COMPUTER SKILLS**

<input type="checkbox"/> Word Processing _____ Years: _____	<input type="checkbox"/> E-mail _____ Years: _____
<input type="checkbox"/> Excel (Spreadsheets) _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____
<input type="checkbox"/> Presentation _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____

**FOREIGN LANGUAGES**

Language	Speak Some	Speak Fluently	Read	Write

**EDUCATIONAL BACKGROUND**

School	Dates Attended	Degree Diploma

**APPLICANT STATEMENT:**

I certify that the statements I have made Southwest Oklahoma Federal Credit Union are true and correct and without material omission. I understand that making false statements or omitting pertinent facts is sufficient cause for rejection or dismissal from employment.

I authorize Southwest Oklahoma Federal Credit Union to obtain information from any person(s), employers, educational institutions, licensing authorities, consumer credit reporting agencies, bonding companies, and/or law enforcement agencies concerning my background, work habits, skill, or conduct on the job. I hereby release such person or entities from all liability for damages for issuing such information.

I also understand that if I am employed by Southwest Oklahoma Federal Credit Union, now or at any time in the future, my employment is for an indefinite time and employment may be terminated, with or without notice, at anytime, at the will of either the employee or Southwest Oklahoma Federal Credit Union.

I understand, Southwest Oklahoma Federal Credit Union is committed to a policy of equal employment opportunity and does not discriminate in terms, conditions, or privileges of employment based on race, religion, color, sex, age, national origin or disability, marital status, veteran status or in membership in any other protected classification defined under applicable state, federal or local law.

I understand that Southwest Oklahoma Federal Credit Union is committed to providing a work environment free of harassment and discrimination based on a persons protected classification. Employees are expected to support this policy in their daily conduct. If I believe I have been subject to harassment or discrimination, I will report this immediately to Southwest Oklahoma Federal Credit Union. Confidentially of all involved will be protected as much as possible. An employee determined to have engaged in harassment or discrimination may be subject to disciplinary action, up to and including termination.

I do hereby authorize Southwest Oklahoma Federal Credit Union to examine the records of any and all criminal convictions or arrests less than 1 year old where there has been no acquittal or dismissal and which may be on file in any county of the State of Oklahoma or any other state. In giving this authorization, I understand that I am waiving my right of confidentiality concerning my criminal history.

The information above is requested to help place you in positions with clients that require this information. By signing below, you authorize us to release this information to clients for the express purpose of employment, whether temporary or permanent.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date



**AUTHORIZATION AND CONSENT TO SCREEN FOR ILLEGAL SUBSTANCES**

I hereby authorize and give full permission to Southwest Oklahoma Federal Credit Union and/or its company approved physician, to send a specimen of my urine and or blood to a laboratory to be screened for the presence of illegal substances, alcohol or prescription medication taken without a physician's prescription.

I am voluntarily submitting to the drug/alcohol screen and will not sue, or in any way hold them responsible for any alleged harm done to me, or interfering with my obtaining a job or continuing employment, as a result of my refusal to submit to the test or as a result of the test. This includes possible clerical or laboratory error.

Southwest Oklahoma Federal Credit Union's drug free workplace policy and this authorization have been explained to me in a language I understand, and I have been told that if I have any questions about Southwest Oklahoma Federal Credit Union's drug policy, the tests, or this authorization, my questions will be answered.

I understand that this authorization is a legally binding document which is binding because I have voluntarily agreed to submit to testing after having been fully informed that I may not be hired, or may be terminated, if illegal substances are present in my tests. I have been further informed that my insurance benefits may be jeopardized if I incur an on the job injury while under the influence of alcohol or any illegal substance.

I understand that the alcohol/drug screen will be at no-cost to me and that Southwest Oklahoma Federal Credit Union will pay for the tests.

**I UNDERSTAND THAT SOUTHWEST OKLAHOMA FEDERAL CREDIT UNION MAY REQUIRE A DRUG SCREEN WHENEVER AN ON-THE-JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH SOUTHWEST OKLAHOMA FEDERAL CREDIT UNION POLICY AND I AGREE TO SUBMIT TO THE TEST. THIS AUTHORIZATION AND CONSENT WILL BE EFFECTIVE FOR ANY DRUG/ALCOHOL SCREEN REQUIRED AS A RESULT OF AN ON-THE-JOB ACCIDENT OR INJURY.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)



Name: \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

Credit union business is of a highly confidential nature. Everything you handle represents the money and property of the members. Much of your work will be confidential, and you must keep in the strictest confidence whatever information you may acquire concerning the affairs of the credit union, its members, or employees. If it is determined that you improperly released confidential information concerning a member, the credit union, or another employee without the proper authorization you will be subject to disciplinary action up to and including immediate termination.

All information contained within the credit union's computer system is confidential. No employee has the right to gain access to computer information without a specific authorized need or request. Any employee who uses computer information for his/her own personal use, other than member or credit union business, will be subject to disciplinary action up to and including immediate termination.

As an employee of Southwest Oklahoma Federal Credit Union, you are subject to state and federal government regulations governing credit unions. Should you alter, substitute or take other unauthorized action with respect to any credit union record, document or information, you are in direct violation of the law. Should Southwest Oklahoma Federal Credit Union detect or suspect that such an event has occurred, we are required to notify the appropriate authorities for action. This type of activity may result in immediate termination.

The employee hereby agrees that he/she shall use any confidential information provided to him/her solely to perform the duties of their position and will not under any conditions, except where disclosure of such information could prevent severe physical harm, use the information for personal gain, harassment of subject, or other non-work related use.

All employees of Southwest Oklahoma Federal Credit Union will be asked to sign this confidentiality statement prior to or upon employment. Signing this agreement does not guarantee you employment and this is not an employee contract or any type of contract.

I have read the requirements contained within this statement and hereby agree to fully comply with its provisions and further acknowledge that my employment is based upon my agreement with these terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Name: \_\_\_\_\_

**CONSUMER CREDIT REPORT DISCLOSURE**

Southwest Oklahoma Federal Credit Union, as a part of the procedure for processing your employment application, may obtain a consumer credit report containing financial and other information about me from a credit reporting agency.

Southwest Oklahoma Federal Credit Union will not obtain as such a report without your signed authorization.

Southwest Oklahoma Federal Credit Union complies with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports, and which places specific obligations on employers using credit reports.

I hereby acknowledge that I have read the above disclosure statement and I understand it.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**CONSUMER CREDIT REPORT AUTHORIZATION**

I hereby authorize Southwest Oklahoma Federal Credit Union to obtain a consumer credit report containing financial and other information about me from a consumer reporting agency as a part of the company's investigation into my application for employment. I authorize that if my credit report becomes more than six months old, Southwest Oklahoma Federal Credit Union may obtain a current consumer credit report to maintain my active status. I also release parties involved in this process from liability connected with my consumer credit report.

The information above is requested to help place you in positions with clients that require this information. By signing below, you authorize us to release this information to clients for the express purpose of employment, whether temporary or permanent.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_



**BACKGROUND AND EMPLOYMENT VERIFICATION INFORMATION  
CONFIDENTIAL & PRIVILEGED**

**RELEASE OF CRIMINAL RECORDS**

In connection with my application for employment with the Southwest Oklahoma Federal Credit Union, I understand that investigative background inquiries are to be made on myself.

I agree to inform Southwest Oklahoma Federal Credit Union of any and all past and future criminal convictions in Oklahoma or any other state. In addition, I understand and hereby authorize Southwest Oklahoma Federal Credit Union to examine the records of any and all past or future criminal convictions, which may be on file in any county in the state of Oklahoma or any other state. In giving this authorization, I understand that I am waiving my right of confidentiality concerning my criminal conviction history.

The information above is requested to help place you in positions with clients that require this information. By signing below, you authorize us to release this information to clients for the express purpose of employment, whether temporary or permanent.

I authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

Please complete this section: Please print legibly:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Jr. or Sr. \_\_\_\_\_

Have you gone by any other name in the last 10 years?  Yes  No

If yes, please state \_\_\_\_\_

Please Complete this section if Applicable:

Place of Conviction: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Nature of Crime:  
Description \_\_\_\_\_

Date of Crime: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Your signature is required to run this report)

Date: \_\_\_/\_\_\_/\_\_\_



Employment References

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company	_____
Name	_____
Title	_____
Phone	_____
Relationship	Supervisor / Peer / Subordinate
May we contact?	Yes / No                      Checked _____

Company	_____
Name	_____
Title	_____
Phone	_____
Relationship	Supervisor / Peer / Subordinate
May we contact?	Yes / No                      Checked _____

Company	_____
Name	_____
Title	_____
Phone	_____
Relationship	Supervisor / Peer / Subordinate
May we contact?	Yes / No                      Checked _____



## Education Verification

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Social: \_\_\_\_\_

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### HIGH SCHOOL INFORMATION

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
High School Attended

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Month & Year of Graduation

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### COLLEGE INFORMATION

\_\_\_\_\_  
College Attended

\_\_\_\_\_  
Years Attended

\_\_\_\_\_  
Graduation Date or Hours Completed

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Field of Concentration

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*I authorize Southwest Oklahoma Federal Credit Union to obtain information from any person(s) or educational institutions concerning my educational background. I hereby release such person or entities from all liability for damages for issuing such information.*

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

For Office Use Only:

Name of School \_\_\_\_\_

Name of Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact's Title \_\_\_\_\_

Verified By \_\_\_\_\_

Date \_\_\_\_\_