

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.



2759 33rd Avenue,
Columbus, NE 68601

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How did you learn about us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Or been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a criminal record: whether misdemeanor or felony that might have a negative impact on bondability. Yes No

Have you ever had bond coverage modified, revoked or declined. Bonding Company: ProSight Yes No

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills, languages you can speak and/or extra-curricular activities:

Specialized Skills

Check skills/Equipment Operated

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Word | <input type="checkbox"/> Power Point |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Excel | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Access | <input type="checkbox"/> Internet Explorer | |

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Additional Information

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without accommodations, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such job or occupation is attached. YES NO

References

Name	Phone #	Relationship to:
Address		
Name	Phone #	Relationship to:
Address		
Name	Phone #	Relationship to:
Address		

I certify that answers given herein are true to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



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Columbus, NE 68601
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Fair Credit Reporting Act Disclosure Statement

By this document, Dale Community Federal Credit Union discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name