

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

WAUNA FEDERAL CREDIT UNION

100 Columbia St ● Astoria OR 97103 ● (503) 325-1044

PO Box 67 ● Clatskanie OR 97016 ● (503) 728-4321

500 N Columbia River Hwy, Ste 500 ● St Helens OR 97051 ● (503) 366-1334

107 S Hwy 101 ● Warrenton OR 97146 ● (503) 861-7526

622 Bridge St ● Vernonia OR 97064 ● (503) 429-8031

800-773-3236 ● www.waunafcu.org

Instructions: Please answer all questions carefully and completely. Please type or print clearly. We appreciate your interest in our organization and are sincerely interested in your qualifications.

GENERAL INFORMATION:

Date: _____

Last Name		First	Middle	
Address		City	State	Zip
(____) _____ - _____		(____) _____ - _____		
Home Phone Number		Work Phone Number	Social Security Number	
Have you received a copy of the job description for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Position applying for: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Available for work on: _____ <input type="checkbox"/> On Call <input type="checkbox"/> Temporary (until) _____		
Source of Referral: <input type="checkbox"/> An Employee <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency _____ <input type="checkbox"/> Other _____	Please check equipment you can operate: <input type="checkbox"/> Personal Computer <input type="checkbox"/> Ten Key Calculator <input type="checkbox"/> Word Processor (software) _____ <input type="checkbox"/> Spreadsheet (software) _____ <input type="checkbox"/> Other _____ _____	
Are there other experiences, skills or qualifications, which you feel would be beneficial as an employee with our organization? _____ _____ _____		
Have you ever been the subject of a bond claim or found not bondable? If yes, explain _____ _____ _____		
If offered a position by WFCU, can you provide legally required documentation of identity and authorization to work in the United States before you begin employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by WFCU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, location and position: _____ _____		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ <i>(A conviction may be relevant if job related, but does not necessarily bar you from employment.)</i>		Do you have relatives employed by WFCU? <input type="checkbox"/> Yes <input type="checkbox"/> No To avoid supervising conflicts, if yes, location and position: _____ _____ _____
Will you be able and willing to travel as needed by the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____		

WORK EXPERIENCE: Beginning with your present and most recent job, list all employment including military, part-time, self-employment or volunteer work. Please explain any periods of unemployment. Use the back page of this application and/or attach an additional sheet if necessary.

Name of Present/Last Employer		Address	City	State/Zip	Phone () -
Starting Date	Date Left	Starting Pay \$	Final Pay \$	Reason for leaving:	
Month Year	Month Year				
Job Title	Supervisor	Department		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of job duties:					
Name of Next Previous Employer		Address	City	State/Zip	Phone () -
Starting Date	Date Left	Starting Pay \$	Final Pay \$	Reason for leaving:	
Month Year	Month Year				
Job Title	Supervisor	Department		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of job duties:					
Name of Next Previous Employer		Address	City	State/Zip	Phone () -
Starting Date	Date Left	Starting Pay \$	Final Pay \$	Reason for leaving:	
Month Year	Month Year				
Job Title	Supervisor	Department		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of job duties:					
Name of Next Previous Employer		Address	City	State/Zip	Phone () -
Starting Date	Date Left	Starting Pay \$	Final Pay \$	Reason for leaving:	
Month Year	Month Year				
Job Title	Supervisor	Department		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of job duties:					

EDUCATION/TRAINING:

The following information is requested solely to help match your skills with positions that may be available:

Circle highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Graduate School: 1 2 3 4

Name of School Location Diploma/Degree Major

High School

College

Graduate School

Vocational School/Special Training Course

PERSONAL REFERENCES:

List the Name, Company or Institution, Address, and Telephone Number of three (3) non-relatives who are qualified to evaluate your education or work experience.

Table with 4 columns: Name, Company/Institution, Address, Phone No. (____) ____ - ____

READ CAREFULLY PRIOR TO SIGNING

Wauna Federal Credit Union (WFCU) is an equal opportunity employer and considers all applicants for employment without regard to race, color, sex, religion, national origin or ancestry, age, marital status, mental or physical disability, or veteran status, unless due to a bona fide occupational qualification.

WFCU does not discriminate in employment based on marital status or family relationship; however, WFCU may refuse to employ any individual if such action would place an employee in a position of exercising supervisory, appointment or grievance adjustment authority over a member of their family, or in a position of being subject to such authority which a member of the individual’s family exercises; or would cause WFCU to disregard a bona fide occupational requirement reasonably necessary to the normal operation of its business.

I certify the information contained in this application is true and correct to the best of my knowledge. I understand that any misstatement or omission of information may result in disqualification from further consideration or dismissal from employment. I authorize the references listed above to give you any and all information concerning my background, previous employment, and any pertinent information they may have, personal or otherwise regarding my suitability for employment at WFCU. I release all parties from all liability for any damage that may result from furnishing the same to you. I release WFCU and its agents and employees from any and all liability that might result from investigating my application for employment.

I understand and acknowledge that any employment relationship with WFCU is of an “at-will” nature. This means that I may resign at any time with or without notice or cause, and WFCU may terminate my employment at any time with or without notice or cause. I further understand that no interviewer or any other representative of WFCU, other than the CEO in writing, has any authority to enter into any agreement for employment for any specified duration or period of time, or to otherwise alter the “at-will” nature of my employment. I understand that the acceptance of an offer of employment does not create a contractual obligation by WFCU to continue to employ me in the future, or for any definite period of time. I agree to conform to the rules and policies of WFCU for as long as an employment relationship may continue. I understand that if hired, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with WFCU.

I understand that any offer of employment is contingent upon successfully passing drug screening at the facility of WFCU’s choice, consistent with state and federal law.

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

Signature of Applicant

Date



Wauna Federal Credit Union

Your hometown financial solution

**EMPLOYMENT
CONSUMER REPORT
DISCLOSURE AND AUTHORIZATION**

FAIR CREDIT REPORTING ACT DISCLOSURE

To assist us in making quality employment related decisions, Wauna Federal Credit Union (WFCU) may obtain and use consumer reports and make other appropriate inquiries in connection with your employment application. If you are employed by WFCU, WFCU may obtain and use consumer reports from time to time and make whatever inquiries are considered to be appropriate to evaluate for promotion, reassignment or retention as an employee.

AUTHORIZATION:

By signing below I acknowledge receipt of a copy of the above disclosure and authorize Wauna Federal Credit Union to obtain and use consumer reports and to make other inquiries as described in the disclosure.

Applicant's Name (please print)

Applicant's Signature

Date



YOUR PRE-EMPLOYMENT REPORT AUTHORIZATION

I understand that Advanced Reporting will be preparing my credit report and/or criminal history report and I authorize them to obtain consumer credit and/or criminal history information on me. I authorize my creditors and employers to release to Advanced Reporting all information necessary to complete said report. I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use, and request of such a copy be honored fully. I certify that the facts and information in this form and any attachments are true and complete to the best of my knowledge.

Dated this _____ day of _____, 20_____.

Applicant Signature: _____

Print Applicant Name: _____

Any Other Names Gone By: _____

Social Security # : _____ - _____ - _____ Date of Birth: _____

Street Address : _____

City, State, Zip : _____

You are **REQUIRED** to provide all previous residences with the last ten (10) years. Please list below each residence along with the dates of residence. Please use a separate sheet of paper if necessary, including your signature.

Dates	Residence Address	City	State	Zip