



Cochise Credit Union
170 N. Haskell Ave.
P.O. Box 1154
Willcox, AZ 85644
Phone: 520-384-2822

DATE: _____

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____ SOCIAL SECURITY NO: _____
Last First Middle

MAILING ADDRESS: _____

PERMANENT ADDRESS: _____

DRIVER'S LICENSE INFORMATION: STATE _____ NUMBER: _____

PHONE: _____ ARE YOU 18 YEARS OF AGE OR OVER? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

IN CASE OF EMERGENCY NOTIFY

Name	Address	Phone
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EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____

DESIRED SALARY \$ _____ EMPLOYMENT PREFERENCE: FULL TIME PART TIME

CAN YOU TRAVEL IF A POSITION REQUIRES IT? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO IF SO MAY WE CONTACT THEM? YES NO

BUSINESS NAME: _____ ADDRESS: _____

SUPERVISORS NAME: _____ PHONE NO: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? YES NO

IF YES, EXPLAIN: _____

EDUCATION/TRAINING HISTORY

SCHOOL LEVEL	NAME AND LOCATION	DATES ATTENDED	DIPLOMA OR FIELD OF STUDY
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER			

SPECIAL TRAINING: _____

COMPUTER SKILLS: _____

EMPLOYMENT HISTORY (Begin with current or most recent employer)

Company Name	Address	Phone Number
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SUPERVISOR: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

STARTING JOB TITLE: _____ ENDING JOB TITLE: _____

START DATE: _____ END DATE: _____ START SALARY: _____ END SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

Company Name	Address	Phone Number
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SUPERVISOR: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

STARTING JOB TITLE: _____ ENDING JOB TITLE: _____

START DATE: _____ END DATE: _____ START SALARY: _____ END SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY (CONTINUED)

Company Name _____ Address _____ Phone Number _____

SUPERVISOR: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

STARTING JOB TITLE: _____ ENDING JOB TITLE: _____

START DATE: _____ END DATE: _____ START SALARY: _____ END SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

Company Name _____ Address _____ Phone Number _____

SUPERVISOR: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

STARTING JOB TITLE: _____ ENDING JOB TITLE: _____

START DATE: _____ END DATE: _____ START SALARY: _____ END SALARY: _____

DUTIES: _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES (Not relatives or former employers)

NAME	ADDRESS AND PHONE NUMBER	YEARS ACQUAINTED

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED WITH COCHISE CREDIT UNION, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.”

I UNDERSTAND THAT PROCESSING MY APPLICATION IS NO GUARANTEE OF EMPLOYMENT AND NO INDUCEMENT TO APPLY HAS BEEN OFFERED. “IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO COCHISE CREDIT UNION’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF COCHISE CREDIT UNION OR MYSELF

APPLICANT SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT ADDENDUM

EMPLOYEE AUTHORIZATION-FAIR CREDIT REPORTING ACT

THIS DOCUMENT AUTHORIZES COCHISE CREDIT UNION TO OBTAIN A CONSUMER CREDIT REPORT AS PART OF THE PRE-EMPLOYMENT BACKGROUND INVESTIGATION. IF HIRED, THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS AN ONGOING AUTHORIZATION FOR COCHISE CREDIT UNION TO OBTAIN CONSUMER CREDIT REPORTS AT ANY TIME DURING MY EMPLOYMENT PERIOD.

APPLICANT SIGNATURE

DATE

EMPLOYER DISCLOSURE- FAIR CREDIT REPORTING ACT

BY THIS DOCUMENT, COCHISE CREDIT UNION DISCLOSES TO YOU THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES AS PART OF THE PRE-EMPLOYMENT BACKGROUND INVESTIGATION AND AT ANY TIME DURING YOUR EMPLOYMENT PLEASE SIGN BELOW TO INDICATE RECEIPT AND UNDERSTAND OF THIS DISCLOSURE.

APPLICANT SIGNATURE

DATE

CREDIT UNION SIGNATURE

DATE