



# Employment Application

*This application in no way represents a contract of employment. Buckeye State Credit Union is an at-will employer. We seek to employ a diverse workforce and to hire qualified applicants without regard to race, religion, sex, pregnancy, (current, past, or potential), age, national origin, color, citizenship, disability, protected veteran or military status, genetic status, or additional federal, state or other protected status.*

## PLACEMENT

Position(s) Applying For \_\_\_\_\_ Date of Application \_\_\_\_\_

Full-Time or Part-Time \_\_\_\_\_ Hours Available \_\_\_\_\_ When are you available to start? \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes No

Have you ever been denied bonding or had your bonding revoked or modified? Yes No

## PERSONAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Is this a cell phone? Yes No

Email Address \_\_\_\_\_ Are you a BSCU member? Yes No

Are you at least 18 years old? Yes No

Have you ever been convicted of a crime? Yes No

(A conviction does not necessarily mean you are ineligible for employment)

Are you willing to undergo a background check? Yes No

Do you have a relative presently employed at BSCU? Yes No

## EDUCATION

SCHOOL	NAME and CITY/STATE	COURSE OF STUDY	YEAR GRADUATE
HIGH SCHOOL			
COLLEGE			
GRADUATE			



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**EMPLOYMENT HISTORY**

EMPLOYER INFORMATION <i>List most recent first</i>	DATE <i>Month/Year</i>	Position	Reason for Leaving
Name   Address   Phone	From: /	Starting Position	Reason for Leaving:
	To: /	Ending Position	
Name   Address   Phone	From: /	Starting Position	Reason for Leaving:
	To: /	Ending Position	
Name   Address   Phone	From: /	Starting Position	Reason for Leaving:
	To: /	Ending Position	

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do NOT Contact \_\_\_\_\_

Reason \_\_\_\_\_

### Applicant's Statement

I certify that answers given herein are true and complete 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date