

APPLICATION FOR EMPLOYMENT



Members Credit Union

(an Equal Opportunity Employer)

2098 Frontis Plaza Boulevard

P. O. Box 5297

Winston-Salem, NC 27113-5297

(336) 748-4800

We are pleased that you are interested in applying for a position with Members Credit Union. We do not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is 18 or older; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. No question on this form is intended to secure information to be used for such discrimination. We will give this application every consideration. However, in accepting it, we make no commitment of employment to the applicant.

PLEASE PRINT

Position Desired _____ Date _____

Full Name _____ Social Security Number _____
(First, Middle, Last)

Present Address _____ City, State, Zip _____

Home Telephone (____) _____ Other Phone (____) _____ Drivers Lic. No. _____

PREVIOUS ADDRESSES	Dates	Address	City	State	Zip

Are you age 18 or over? Yes No U. S. Veteran? Yes No

List branch of service _____ Date entered military _____ Date discharged _____

Rank at discharge _____ List any military training or duties similar to requirements of position applied for _____

Have you been previously employed by Members Credit Union? Yes No If so, which location? _____

Do you have any relatives presently employed at Members Credit Union? Yes No If yes, give name and relationship _____

Have you previously applied for employment at Members Credit Union? Yes No

If yes, when? _____ How were you referred to us? _____

Do you have the legal right to work in the United States as defined by the Immigration Reform and Control Act? Yes No If no, explain. _____

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Do you have any commitments to another employer or organization which might affect your employment with us? Yes No If yes, explain_____

Salary goal \$_____ Date available upon offer of employment_____

Who should we contact in an emergency? Name_____

Relationship_____ Phone No._____ Address_____

Are you willing to be fingerprinted? Yes No To take a physical and drug test? Yes No

EMPLOYMENT HISTORY

Give complete employment history, beginning with your present employer, or the last employment you held, and go backward for the past seven years (or for last five employers). Note any periods in which you were not employed.

Firm Name		Start Date	End Date	Supervisor's Name		
Address	City	State	Zip	Start Salary	End Salary	
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address	City	State	Zip	Start Salary	End Salary	
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address	City	State	Zip	Start Salary	End Salary	
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address	City	State	Zip	Start Salary	End Salary	
Job Title / Duties			Reason For Leaving			
Firm Name		Start Date	End Date	Supervisor's Name		
Address	City	State	Zip	Start Salary	End Salary	
Job Title / Duties			Reason For Leaving			

EDUCATIONAL BACKGROUND

School	Name of School	Address	Last Grade	Type of Course and Degree
Grammar				
High				
College				
Other				

If you attended but did not graduate, why not?_____

List any special qualifications which might assist us in placing you to your best advantage_____

Do you type? Yes No Typing speed_____wpm. Do you take shorthand? Yes No

What business machines can you operate?_____

CHARACTER REFERENCES

Give the name, address, phone number and basis for knowledge of three persons who have known you during the past five years. **Do not list** relatives by birth or marriage, former employers, or clergymen.

Name	Address	Phone No.	How Known

CONVICTIONS: Have you ever been convicted of any crime involving dishonesty, breach of trust, or theft? Yes No If yes, please give dates, details, and explanation_____

This certifies that this application was completed by me, and that all entries on it, and information in it are true and complete to the best of my knowledge. This is my express permission for Members Credit Union to conduct a personal investigation as to my qualifications, experience, background, etc. It may contact any person or firms it so desires, and such persons or firms are requested to furnish whatever information they may have which would be relevant to the investigation. I understand that any misrepresentation or the omission of any material facts would be good and sufficient cause for my discharge at any time during my employment. Furthermore, I understand that just as I am free to resign at any time the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Applicant's Signature_____ Date_____

PAST EMPLOYMENT RELEASE

Having made application for employment at Members Credit Union, I request their representative be informed as to my previous employment record. I hereby authorize the investigation of my past record of any and all information which may concern my past employment, whether same is of record or not. I release my employers and all persons whomsoever of any damages resulting from furnishing said information.

Applicant's Signature_____ Date_____

FAIR CREDIT REPORTING ACT - PRE-NOTIFICATION

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through a personal interview with you and/or with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If you are rejected for employment and the basis for your rejection was information received from a commercial reporting agency, we will furnish you with the name and address of that agency.

Applicant's Signature _____ Date _____

IMMIGRATION REFORM AND CONTROL ACT OF 1986

All individuals hired by this credit union on or after November 7, 1986, are required by law to supply the information and documentation necessary to complete INS Form I-9. Such information will be used to verify the individual's identity and eligibility for employment in the United States. It is the express intention of this credit union to hire only those applicants who are legally eligible for employment in the United States. This credit union does not discriminate against any job applicant on the basis of national origin or citizenship status in the case of a citizen or intending citizen. Authority to collect information on INS Form I-9 is contained in Title 8, United States Code, Section 1324A.

Applicant's Signature _____ Date _____

APPLICATION WILL REMAIN ACTIVE FOR 90 DAYS

This application will remain active for 90 days. If you are still interested in employment with Members Credit Union after that time, you will be required to fill out another application.

Applicant's Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Interviewed By _____ Date _____

_____ Date _____

_____ Date _____

Interviewer's Remarks _____

References Checked By _____ Date _____

Physical Appointment Set For _____ Date _____

Hiring Decision _____

Other Information _____

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –
No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que -

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos validos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja valida de discriminación.

Comuníquese con la Oficina del Consejero Especial (OSC) de Practicas Injustas en el Empleo Relacionadas a la Condición de Inmigrante para obtener ayuda en español.

Llame al 1-800-255-7688; TDD para personas con problemas de audición: 1-800-237-2515. En Washington, DC, llame al (202) 616-5594; TDD para personas con problemas de audición: (202) 616-5525. O escríbale a OSC a la siguiente dirección:

U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

Departamento de Justicia de los Estados Unidos, División de Derechos Civiles

Oficina del Consejero Especial



Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA