

POSITION

1. **Position for which you are applying:** _____

First Choice
Second Choice
2. **Salary/wage desired:** _____ per _____
3. **Are you available to work:**

Full-Time
 Evenings
 Other: _____

Part-Time
 Weekends

Temporary
 Overtime

On-Call
 Split Shift
4. **When would you be available to start working?** _____
5. **How did you hear about the availability of the position for which you are applying?**

Newspaper Advertisement
 Employment Agency
 Current Employee
 Friend
 Relative
 Walk-In
 Other: _____
6. **If the position you are applying for requires the use of a vehicle, do you have a valid driver's license?** Yes No
 License #: _____ Class: _____ State: _____ Expiration Date: _____
7. **Have you been given a Job Description, or have the requirements of the job been explained to you?** Yes No
 Do you understand these requirements? Yes No
8. **Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?** Yes No
9. **Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts?** Yes No

SPECIAL SKILLS AND TRAINING

1. **Describe specialized training, apprenticeships, skills or research:**

2. **List current certifications and/or professional licenses, if any, and where registered:**

3. **Office/business equipment and software qualified or trained to use:**

4. **Check special skills or training:**

<input type="checkbox"/> 10-Key <input type="checkbox"/> Keyboarding ____ wpm <input type="checkbox"/> Shorthand ____ wpm <input type="checkbox"/> Public/Customer Relations	<input type="checkbox"/> Sales <input type="checkbox"/> Marketing <input type="checkbox"/> Graphic Design <input type="checkbox"/> Information Systems Mgt.
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Please Check Software and List Programs (i.e., Word, Excel, etc.):

<input type="checkbox"/> Word Processing _____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Spreadsheet _____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Database _____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Accounting _____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Other _____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
5. **Please indicate any language skills, other than English, below:**

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title			Hourly Rate/Salary		
			Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?					

2.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title			Hourly Rate/Salary		
			Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?					

3.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title			Hourly Rate/Salary		
			Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?					

4.	Employer	Dates Employed from ____ to ____	Address	Job Title
5.	Employer	Dates Employed from ____ to ____	Address	Job Title
6.	Employer	Dates Employed from ____ to ____	Address	Job Title
7.	Employer	Dates Employed from ____ to ____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Choose Last Year
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Night School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of Central Coast Federal Credit Union regardless of the time that has elapsed before discovery.

I authorize Central Coast Federal Credit Union or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Central Coast Federal Credit Union from all liability or responsibility with respect to information supplied to Central Coast Federal Credit Union.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with Central Coast Federal Credit Union, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either Central Coast Federal Credit Union or myself. I further understand that no one other than the Board of Directors of Central Coast Federal Credit Union has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by Central Coast Federal Credit Union, I agree to abide by the rules, policies and procedures of Central Coast Federal Credit Union and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that Central Coast Federal Credit Union believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Central Coast Federal Credit Union during the time of my employment.

Signature of Applicant _____

Date _____

CENTRAL COAST FEDERAL CREDIT UNION

APPLICANT/EMPLOYEE IDENTIFICATION RECORD

Regulations of the California Fair Employment and Housing Commission require employers with 5 or more employees to obtain certain information from each employee and job applicant applying for a particular position. This form is used to provide each applicant/employee with an opportunity to furnish such information *voluntarily*. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employee's main personnel file. Central Coast Federal Credit Union is an equal employment opportunity employer and does not discriminate because of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, age, marital status, physical handicap, or mental condition.

EMPLOYMENT SURVEY

APPLICANT

EMPLOYEE

Name

Date

Position Held/Applied for: _____

How did you become aware of the position opening:
(Note specific publication source if applicable) _____

I agree to supply the requested information: _____

Signature

I **do not** agree to supply the requested information: _____

Signature

Male Female

ETHNIC ORIGIN - Please check the appropriate box:

- BLACK (Not Hispanic or Latino)
All persons having origins in any of the Black racial groups of Africa.
- WHITE (Not Hispanic or Latino)
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ASIAN (Not Hispanic or Latino)
All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- AMERICAN INDIAN or ALASKAN NATIVE (Not Hispanic or Latino)
All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Not Hispanic or Latino)
All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- TWO OR MORE RACES (Not Hispanic or Latino)
All persons who identify with more than one of the above five races.
- HISPANIC or Latino
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- OTHER (Please Specify) _____

Please check if any of the following are applicable:

VIETNAM ERA VETERAN

DISABLED VETERAN

DISABLED INDIVIDUAL

NOTICE OF CREDIT REPORT

I understand that as a condition to consideration for employment with the Central Coast Federal Credit Union, a credit report will be used. This report will be obtained from the Monterey Peninsula Credit Bureau. I also understand that I have a right to receive a copy of my credit report.

I hereby grant authorization for the Central Coast Federal Credit Union to obtain a copy of my credit report, and waive my right to receive a copy unless indicated below.

Signature

Social Security #

Print

Date