



**LACAMAS**  
COMMUNITY CREDIT UNION

# Application for Employment

*An Equal Opportunity Employer*

P.O. Box 1108 (360) 834-3611  
Camas, WA 98607 (888) 834-3611

www.lacamas.org

Lacamas Community Credit Union is an EQUAL OPPORTUNITY EMPLOYER and considers all applicants for employment without regard to race, color, sex, religion, national origin, age, sexual orientation, marital status, disability, veteran status, or other characteristic protected by law.

Instructions: **Please complete all portions of this application pertaining to you in your own handwriting.**

## General Information

\_\_\_\_\_  
Last Name First Middle

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

Today's Social Security Home Business  
Date \_\_\_\_\_ Number \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Are you 18 or older?  Yes  No

## Job Preference & Skills

Position Applying For: \_\_\_\_\_

- Full-Time
- Part-Time
- On-Call
- Temporary until \_\_\_\_\_

Source of Referral:

- An Employee
- Newspaper
- State Employment
- Agency \_\_\_\_\_
- Walk-In
- Other \_\_\_\_\_

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with our organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated or asked to resign from a job?  Yes  No

If yes, please identify the employer and the circumstances: \_\_\_\_\_

\_\_\_\_\_

Please check machines you can operate.

- Personal Computer type: \_\_\_\_\_
- 10-Key Calculator
- Typewriter
- Word Processing
- CRT Machine
- Others (explain) \_\_\_\_\_

Have you been convicted of a crime other than a traffic violation? Date \_\_\_\_\_

Place \_\_\_\_\_ Nature: \_\_\_\_\_  
(An affirmative answer will not constitute an automatic disqualification for consideration for employment.)

Have you been employed by us before?  Yes  No

If yes, give dates: From \_\_\_/\_\_\_/\_\_\_/ To \_\_\_/\_\_\_/\_\_\_

Do you have any relatives employed here presently?  Yes  No

If yes, name of employee and location employed: \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

## Education

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

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

Name & Location of High School	Diploma or Degree

Name & Location of College	Diploma or Degree	Major

Name of Credit Union Related Course(s)	Description	Date

Training or Education Received in the Military	Description	Date

Describe Specialized Training, Apprenticeship, Skills etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal References (Not Relatives)

Name	Address	Yrs Known	Business/Occupation	Phone#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

## Employment Experience

Please complete the following history for **all** previous employment. Use an additional page(s) if necessary.

Name of Present or Last Employer				Phone	
Address		City		State	Zip
Starting Date	Date Left		Starting Pay	Final Pay	Reason for Leaving
Month    Year	Month    Year	\$	\$		
Job Title		Department		Supervisor	
Description of Job Duties:					

Employer before above				Phone	
Address		City		State	Zip
Starting Date	Date Left		Starting Pay	Final Pay	Reason for Leaving
Month    Year	Month    Year	\$	\$		
Job Title		Department		Supervisor	
Description of Job Duties:					

Employer before above				Phone	
Address		City		State	Zip
Starting Date	Date Left		Starting Pay	Final Pay	Reason for Leaving
Month    Year	Month    Year	\$	\$		
Job Title		Department		Supervisor	
Description of Job Duties:					

Employer before above				Phone	
Address		City		State	Zip
Starting Date	Date Left		Starting Pay	Final Pay	Reason for Leaving
Month    Year	Month    Year	\$	\$		
Job Title		Department		Supervisor	
Description of Job Duties:					

May we contact your current employer, if applicable?     Yes     No

**PLEASE READ BEFORE SIGNING THIS APPLICATION:**

At its own expense, this Credit Union may arrange for a surety bond for each of its employees. Employment may be conditioned on the Credit Union's ability to obtain a satisfactory surety bond on the applicant.

I **certify** that all the facts, information and any supporting documents provided in this employment application are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading statements or omissions on this application shall be considered sufficient cause for dismissal.

I **authorize** Lacamas Community Credit Union to contact any of my past employers and/or schools, and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release and hold harmless Lacamas Community Credit Union and all other persons, employers and organizations from all claims and liabilities of any nature arising from such inquiry, contact, investigation or supply of information for such investigation.

I **authorize** inquiry of all statements contained in this application for employment as may be necessary by Lacamas Community Credit Union in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I **understand** that my employment with Lacamas Community Credit Union is at will not for a specified term, and that my employment and/or my compensation may be terminated any time by either myself or Lacamas Community Credit Union, with or without cause or notice.

I also **understand and agree** that I am required to abide by all rules, regulations, instructions, policies and procedures of Lacamas Community Credit Union set forth now or hereafter in any of their operations and policy manuals and other communications.

I **understand** that if hired, I will be required to produce documents within (3) business days of employment that verify my identity and legal authorization to work in the United States.

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

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

\_\_\_\_\_  
Date



## **Credit Report Disclosure**

I understand that in processing this employment application, Lacamas Community Credit Union may request a credit report for employment purposes.

I also understand that Lacamas Community Credit Union will not take adverse action, based in whole or in part upon the report, without first providing to me a copy of the report and a written description of my rights as prescribed by the FTC under section 609(c)(3) of the federal FCRA, or use any information from the consumer report in violation of any applicable equal employment opportunity law or regulation.

I understand the above-mentioned information and I hereby authorize Lacamas Community Credit Union to order a credit report for my employment.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Release and Waiver Form**  
*(Complete one form for each prior employment)*

To: \_\_\_\_\_

I have authorized representatives of Lacamas Community Credit Union to inquire concerning my background in connection with an application for employment. I request and authorize you to disclose to such persons, information concerning my work performance, abilities and experience. Since this information is furnished at my express request and for my benefit, I agree to hold you and your agents harmless from all liability, which could be related in any way to the disclosure of the information or any assessment or opinion of my stability for employment that may be provided.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009

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

## VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. Lacamas Community Credit Union believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Social Security No. \_\_\_\_\_

Male  Female

**Race/Ethnic Data:**

White (Non-Hispanic)

Asian or Pacific Islander

American Indian or  
Alaskan Native

Black (Non-Hispanic)

Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

**Disabled/Veteran Classification(s):**

Disabled Person

Vietnam Era Veteran

Special Disabled Veteran  
(30% or more disability)

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**EXPLANATION OF THE CATEGORIES:**

**White (Non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black (Non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

**AN EQUAL OPPORTUNITY EMPLOYER**