



Mid Oregon Federal Credit Union
PO Box 6749 Bend OR 97708
Fax: 541.389.0103

For Office Use Only:
Date Received

APPLICATION FOR EMPLOYMENT

Mid Oregon Federal Credit Union is an equal opportunity employer and maintains a consistent policy prohibiting unlawful discrimination in employment. The company's policy is not to discriminate against any applicant for employment because of age, religion, color, national origin or ancestry, marital status, disability, or any other protected status with respect to hiring, promotion, demotion, transfer recruitment, terminations, salary level or other forms of compensation or any other term or condition of employment.

Mid Oregon Federal Credit Union will make every effort to offer reasonable accommodation in the application process as required by applicable law. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT

Job applied for _____ Today's date _____

Employment status sought: Full-time [] Part-time [] Temporary []

Preferred Location: Madras [] Bend [] Redmond [] Prineville [] La Pine []

When are you available for employment? _____

PERSONAL DATA

Last Name First Name Middle Initial

Present Street Address City State Zip Code

Telephone Number e-mail address

Have you ever applied here before? Yes [] No [] When? _____

Have you ever been interviewed here? Yes [] No [] When? _____

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes [] No []

Have you ever been convicted of a felony or a crime involving theft or dishonesty?... Yes [] No [] If yes, give details _____

Have you ever had any bond coverage modified or revoked, or had an application for a bond declined? Yes [] No [] If yes, please explain _____

Are you legally eligible to work in the United States? Yes [] No []

Do you have any commitments or agreements with another employer, person or entity, which might affect your employment here, i.e., noncompete or nondisclosure obligations, etc.? Yes [] No [] If yes, please explain _____

EDUCATION

Name and Location of School	Years Completed	Did You Graduate?
High School: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> GED <input type="checkbox"/> Diploma
College or University: _____ College Major: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters

SPECIALIZED TRAINING

Please describe your interest in working for us and the job related experiences, skills, qualifications, and aptitudes that you feel qualify you for the position for which you are applying. You may wish to include vocational training, seminars or workshops you have attended, civic and community activities, professional societies in which you participate, licenses, certificates, publications, honors, professional designations or achievements, and other specialized training or skills.

Fluent in the following language(s): _____

COMPUTER AND OTHER BUSINESS SKILLS

Please check all skills or proficiencies that apply to you.

Customer Service
 Bus. Telephone
 MS Excel
 Ten-key by touch
 Cash Handling
 MS Windows
 MS Word
 Ten-key by sight
 Notary Public
 MS Outlook
 E-Mail
 Keyboarding speed _____ wpm

Where did you learn about the position you're applying for?

Mid Oregon Website
 Word of Mouth
 Express Personnel
 Bulletin
 Craig's List
 Job Fair
 Other: _____
 Referred by: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). PLEASE LIST BOTH MONTH AND YEAR FOR DATES EMPLOYED.

Employer	Supervisor	Salary Start: End:
Address		Phone
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?		

Employer	Supervisor	Salary Start: End:
Address		Phone
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?		

Employer	Supervisor	Salary Start: End:
Address		Phone
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?		

Employer	Supervisor	Salary Start: End:
Address		Phone
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?		

Have you ever been terminated or asked to resign by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
--	-------------------------

REFERENCES

Give two references, not already listed in this application and not related to you.

Name	Address	Phone	Yrs. Acquainted	Occupation

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment. _____

(initial here)

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended. _____

(initial here)

I authorize investigation of all information contained in this application. I authorize Mid Oregon Federal 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 fully release Mid Oregon Federal Credit Union and all employers and schools from liability for any claims or damages that may result from furnishing information to Mid Oregon Federal Credit Union. Additionally, I authorize Mid Oregon Federal Credit Union to obtain bondability reports to determine employment eligibility. _____

(initial here)

I agree to submit to any post-offer, pre-employment testing or physicals, including drug screening, as required by the Credit Union. _____

(initial here)

In the event of my employment, I agree to conform to the policies and procedures of Mid Oregon Federal Credit Union as set forth now or hereafter in any of their policy and/or procedures manuals and other communications. _____

(initial here)

I understand that this application in no way represents a contract of employment between myself and Mid Oregon Federal Credit Union. I agree and understand that wages, hours, and working conditions are subject to change by the Credit Union, at any time. I also understand that, if I am hired, the employment relationship will be at-will, which means that it may be terminated by the Credit Union or me at any time, with or without cause, with or without notice. _____

(initial here)

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

Applicant's Signature

Date

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Mid Oregon Credit Union ("Employer"), and as a condition of my continued employment with Employer, Employer may periodically obtain a consumer report that includes, but is not limited to, my creditworthiness, employment and education verifications, social security verification, criminal history. Personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general criminal history, reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Employer's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act. Employer will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment or continued employment with Employer. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Printed Name of Applicant or Employee

SSN: _____

Dated