

JACKSON COUNTY FCU

309 N. ALLEN

EDNA, TEXAS 77957

Phone: 361-782-0708 * Fax: 361-782-5533

Email: memberservices@jacksoncountyfcu.com

It is the policy of Jackson County Federal Credit Union not to discriminate in employment on the basis of race, religion, color, age, national origin, sex, marital status, veteran status or disability. To request a reasonable accommodation or other assistance, contact the Manager at 361-782-0708 or mail your request to the above address.



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address					Apartment/Unit #		
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for a credit union?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							

PREVIOUS EMPLOYMENT: List all employment for **at least the past 10 years**. Begin with your present position and work back. Attach additional sheets or resume to provide sufficient qualifying experience data. Please do not write **"SEE RESUME"**. Be thorough since your answers may determine whether or not you will be considered for a position. The "Reason for Leaving" and "Salary" must be completed. (Attach additional sheets if needed.) Any applicant providing unrequested information may be rejected.

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Description of Work			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Description of Work			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Description of Work			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

IMPORTANT

It is the responsibility of the applicant to read the following before signing:

APPLICANT STATEMENT AND AGREEMENT

I certify that my answers given are true and complete. I understand that and falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by credit union concerning any qualifications for employment. I understand that such investigation may include criminal history records check. I authorize investigation of all statements contained in the application for employment, and I release the credit union, its management and appointed and elected officials, and all third parties supplying information to the credit union from any and all liability, including liability caused by negligence, arising from the release of such information.

I certify that I have carefully read the provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand. I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment.

Signature	Date
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Credit History Release Form

Name

Address

City, State, Zip

____ - ____ - _____
Social Security #

____ - ____ - _____
DOB (MM-DD-YYYY)

I grant Jackson County FCU permission to retrieve my credit history for review during the employment application process. I release Jackson County FCU from any liability in obtaining a copy of my credit history, and understand the consequences of inquiries to my credit score.

Signature

Date