



## EMPLOYMENT APPLICATION

1309 N. Lincoln Avenue  
Bay City, MI 48708

United Bay Community Credit Union (UBCCU) is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position(s) Applied For

Date of Application

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number

Alternate Number

Social Security Number

Are you legally eligible to work in the United States? (*Proof of eligibility will be required upon offer of employment*) YES ☐ NO ☐

Are you over the age of 18 years? (*If no, you may be required to provide authorization*) YES ☐ NO ☐

Can you, with or without reasonable accommodation, perform the essential functions of this job? (*If you have any questions about the functions of the job, please ask the interviewer before answering this question.*) YES ☐ NO ☐

Have you ever applied to United Bay Community Credit Union before? (*If yes, please give date.*) YES ☐ NO ☐

Have you ever worked for UBCCU before? (*If yes, please give date.*) YES ☐ NO ☐

Have you ever been convicted of a crime (felony or misdemeanor) or have any criminal actions pending? (*A conviction will not necessarily disqualify you.*) YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

Have you ever had bond coverage revoked, modified or an application denied? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

Do you have a valid driver's license? (*For driving positions only.*) YES ☐ NO ☐

Have you been convicted of any moving violations in the past five years? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

Is anyone related to you employed by UBCCU? YES ☐ NO ☐

If yes, please give their name and relationship to you. \_\_\_\_\_

What salary or rate of pay do you expect to receive if employed? \$ \_\_\_\_\_ per ☐ Hour ☐ Year

Have you ever been fired or asked to resign from a job? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

### EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
High School				
College				
Graduate				

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES ☐ NO ☐

Please explain:

### REFERENCES

(Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/ Occupation	Years Known

## EMPLOYMENT HISTORY

*(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment (Attach another sheet, if necessary). Previous salaries or wages will not be used to determine compensation at UBCCU.*

<b>Company Name</b>	<b>Employment Dates</b> From / To /	<b>Wage/Salary</b> <b>Start:</b> \$ <b>End:</b> \$	<b>Name and Title of Supervisor</b>
<b>Address</b> – Street, City, State, Zip			
<b>Phone</b> (     )     -	<b>Describe your duties:</b>		
Can we call for a reference check? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Reason for leaving and explanation</b>			
<b>Company Name</b>	<b>Employment Dates</b> From / To /	<b>Wage/Salary</b> <b>Start:</b> \$ <b>End:</b> \$	<b>Name and Title of Supervisor</b>
<b>Address</b> – Street, City, State, Zip			
<b>Phone</b> (     )     -	<b>Describe your duties:</b>		
Can we call for a reference check? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Reason for leaving and explanation</b>			
<b>Company Name</b>	<b>Employment Dates</b> From     To	<b>Salary</b> <b>Start:</b> \$ <b>End:</b> \$	<b>Name and Title of Supervisor</b>
<b>Address</b> – Street, City, State, Zip			
<b>Phone</b> (     )     -	<b>Describe your duties:</b>		
Can we call for a reference check? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Reason for leaving and explanation</b>			

## **AUTHORIZATIONS AND ACKNOWLEDGMENTS**

I certify that the information contained in this application (and resume, if applicable) is true and complete. I understand that falsification or omission of relevant facts in my application, resume, other materials provided, during my interview, or during my employment, if hired, in any detail, is grounds for disqualification from further consideration or for discipline or dismissal from employment in accordance with United Bay Community Credit Union (the Credit Union) policy. I agree to conform to the rules and regulations of the Credit Union, and understand that my employment relationship with the Credit Union is "at-will" and that I or the Credit Union may terminate my employment with or without cause, and with or without notice, at any time. I further understand that no agent or representative of the Credit Union has any authority to enter into a contract of employment with me except for the Credit Union President, and that any such agreement must be signed by the Credit Union's President. I further acknowledge and agree that any dispute or claim against the Credit Union that I may have that arises from my employment must be filed within 180 days of the occurrence giving rise to the dispute or I will waive my right to pursue the claim and any damages or remedy.

I acknowledge that any offer of employment I may receive from the Credit Union is contingent on the results of a reference and background check. Therefore, I authorize the Credit Union to: (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other employees of the Credit Union involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Credit Union. I waive any written notice for the release of any information, including my discipline history, which may be required under state or federal law.

I hereby give my consent for the Credit Union through an authorized agent to collect my urine, saliva, blood, or hair samples for the purposes of testing for the presence, and my use of, alcohol, drugs, or other controlled substances. I hereby release the Credit Union and its authorized collection/testing agent from any liability whatsoever, including attorneys' fees, from any liability resulting from the collection or testing process or from the tests results. I further understand that should I receive an offer of employment, it may be conditioned upon my undergoing and successfully passing a medical examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test, or medical examination at any time at the discretion of the Credit Union. I hereby consent to having the results of any such alcohol or drug test or medical examination disclosed to the Credit Union. I also acknowledge that any offer of employment that I receive is contingent upon the results of my alcohol and drug test being negative and my medical examination finding me able to perform the essential functions of the job offered with or without accommodation. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing may result in the Credit Union withdrawing any offer of employment made to me, or result in my immediate discipline or dismissal.

Should I have a legally protected physical or mental disability that affects my ability to perform the job that I seek, I understand that I may request that the Credit Union provide a reasonable accommodation for it. I am aware that under Michigan's Persons with Disabilities Civil Rights Act I must make any request for accommodation immediately known and no later than 182 days after the date that I know, or reasonably should have known, of my need for an accommodation. I understand; however, that my failure to request an accommodation under Michigan law does not waive any right that I may have to request an accommodation under the federal Americans with Disabilities Act Amendments Act.

Dated: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

---

FOR OFFICE USE ONLY

1<sup>st</sup> Interview Scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

2nd Interview Scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Drug Test Results Received: Yes \_\_\_\_\_ No \_\_\_\_\_

References Contacted and Information Received: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Hire: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes: Position: \_\_\_\_\_

Location: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_

Orientation date for Employee: \_\_\_\_\_

Additional Notes/Information:

(Do not include interviewer's comments or references' comments in the employee file.)