



# APPLICATION FOR EMPLOYMENT

Miami Postal Service Credit Union is committed to the principle of equal opportunity in employment. The credit union does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in employment.

Date / /

## Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Internship <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
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Are you employed now? YES  NO  If so may we contact your present employer? YES  NO

Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When?
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## Personal Information

Last Name	First Name	Middle Name	Maiden Name
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Address (number, Street, City, State, Zip Code)

Social Security Number	Best Available Telephone Number	How did you hear about us?
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Best time to contact you is?	Email Address
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	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you ever been employed with us before? If yes, give date.		
Do any of your friends or relatives, other than spouse work here?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration status will be required upon employment.		
Are you currently on "lay-off" status and subject to recall?		
Can you travel if the job requires it?		
Have you ever had an application for bond coverage modified, revoked, or declined? If yes, explain.		
All applicants who have received a conditional offer of employment are required to submit to a pre-employment drug test and must receive a negative result as a condition of employment. Are you willing to submit to this pre-employment test?		

# Education

High School Attended and Location	No. of Years Completed	Did you graduate	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate	Degree
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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## Employment History (list Present or Most Recent Positions First)

May we contact your previous employers? Yes  No

If you worked in any of your previous positions under another name, please provide the name(s) here:

Name of Employer		Address (Number, Street, City, State, Zip Code)			
Phone	Type of Business	Department	Your Position		

Duties

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Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary	
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Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)			
Phone	Type of Business	Department	Your Position		

Duties

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Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary	
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Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)			
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Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			
Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			

**If you need additional space, please continue on a separate sheet of paper.**

**Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience**

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**Employment References:**

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Background Check Authorization Form



## Applicant Agreement and Release

I, \_\_\_\_\_, do hereby certify that all information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may lead to denial of employment or immediate termination.

In connection with my application for employment, I understand that investigative background inquiries will be made about me that can include consumer credit, drug screen, education verification, criminal convictions, motor vehicle records check, and others. These reports may include information as to my character, general reputation, work habits, performance, and experience, along with reasons for termination of employment from previous employers. Further, I understand that you may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize, without reservation, any party or agency contacted by MPS Credit Union to furnish the above-mentioned information prior to or at any time during my employment.

I hereby release all of the persons and agencies providing such information from any and all claims, damages, or liabilities connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge MPS Credit Union to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information contained in a consumer credit report.

All offers of employment are conditioned on receipt of a background check report that is acceptable to Miami Postal Credit Union. All background checks are conducted in conformity with the Federal Fair Credit Reporting Act, the Americans with Disabilities Act, and state and federal privacy and antidiscrimination laws. Reports are kept confidential and are only viewed by individuals involved in the hiring process.

If information obtained in a background check would lead Miami Postal Credit Union to deny employment, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report's accuracy. Background checks may include a criminal record check, although a criminal conviction does not automatically bar an applicant from employment.

## Applicant Information and Signature

I understand that to aid in the proper identification of my file or records, the following information is necessary:

Print Your Name \_\_\_\_\_

Current Address \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Drivers' License No. ( if applicable) \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant Request for Records

If the company obtains records from a consumer reporting agency, such as my credit report, (*applicant, select one*):

I would like a copy       I would not like a copy