



203 South Dakota Street  
Aberdeen, SD 57401

**Application for Employment**

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

We request the following information to help us make the best possible placement within Healthcare Plus Federal Credit Union. We appreciate the time you spend completing this form.

**Personal Information**

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

Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

E-mail Address \_\_\_\_\_

**Employment Eligibility**

Are you eligible for employment in the USA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what is your visa status? \_\_\_\_\_

If under 18 years of age, state birthdate. \_\_\_\_\_

Do you have any relatives in our employment? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please list \_\_\_\_\_

Have you ever worked for Healthcare Plus Federal Credit Union before? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when? \_\_\_\_\_

Have you ever applied for a position at Healthcare Plus Federal Credit Union before? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Position Desired**

Position for which you are applying (please list only one position per application) \_\_\_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Employment Preference: (circle one) Full-time Part-time

Can you travel if job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Education**

NAME/ADDRESS	MAJOR COURSE/ SUBJECT	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE
High School:		1 2 3 4	Y N	
Business/Trade School:		1 2 3 4	Y N	
College:		1 2 3 4	Y N	
Graduate Program:		1 2 3 4	Y N	

Are you currently pursuing further studies? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, what courses and where? \_\_\_\_\_

## Employment History

Please list below present and past employers, beginning with the most recent. Please complete all information and be specific.

<b>1</b> Company	Address	Telephone
Dates employed	Salary: Starting:	Name of Supervisor
From:                      To:	Ending:	
Title and Duties		
Reason for leaving		
<b>2</b> Company	Address	Telephone
Dates employed	Salary: Starting:	Name of Supervisor
From:                      To:	Ending:	
Title and Duties:		
Reason for leaving		
<b>3</b> Company	Address	Telephone
Dates employed	Salary: Starting:	Name of Supervisor
From:                      To:	Ending:	
Title and Duties:		
Reason for leaving		
<b>4</b> Company	Address	Telephone
Dates employed	Salary: Starting:	Name of Supervisor
From:                      To:	Ending:	
Title and Duties:		
Reason for leaving		

May we contact the above employers for references? \_\_\_\_\_

Please identify by number any employer you do not wish us to contact. \_\_\_\_\_

**References**

Please list names, addresses, and phone numbers of two personal references, excluding relatives and former employers.

Name	Name
Address	Address
Phone No. _____	Phone No. _____
E-mail address:	E-mail address:

**Interests**

Use the space below to describe your interest in Healthcare Plus Federal Credit Union and the skills, aptitudes, and special training that you feel qualify you for a position with us.

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As a financial institution, our employees are required to be bonded. Please indicate the following:

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any bond coverage modified or revoked?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an application for bond coverage declined?

**PLEASE READ CAREFULLY BEFORE SIGNING**

Healthcare Plus Federal Credit Union is an equal opportunity employer. Healthcare Plus Federal Credit Union does not discriminate in employment and no question on the employment application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. I understand I am not required to provide Healthcare Plus Federal Credit Union with any information about sealed or expunged conviction or arrest records.

I understand that by completing this application, Healthcare Plus Federal Credit Union does not guarantee a job interview or an offer of employment. If employed, I understand that my employment is for no definite period of time and can be terminated at any time and for any reason by either Healthcare Plus Federal Credit Union or me.

I have read and agree to the above and hereby certify that the facts I provided in my employment application are true and complete. If I misrepresent or deliberately leave out a fact in my application, I may be disqualified from further consideration or if employed, I may be dismissed immediately.

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APPLICANT'S SIGNATURE

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DATE SIGNED