



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: (select 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.

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

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

Yes	No	
<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.

APPLICANT'S SIGNATURE

DATE SIGNED