

DIVERSIFIED MEMBERS CREDIT UNION

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for _____ Date of Application _____

How did you learn about us: ___ Advertisement ___ Relative ___ Inquiry ___ Friend ___ Other

Last Name _____ First Name _____ Middle Name _____

Address (complete) _____

Telephone Number(s) _____ Social Security No. _____

Best time to contact you at home is: ____:____ am/pm

Are you at least 18 years of age? Yes No

If No, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If Yes, give date _____

Have you ever been employed with us before? Yes No If Yes, give start and end date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No May we contact your employer? Yes No

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..... Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ___ Full-Time ___ Part-Time (please indicate morning, afternoon, evenings)

Are you currently on "lay-off" status and subject to recall? Yes No

DMCU employees must be available to work at our other locations as needed.

Are you willing to travel to various DMCU locations? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No (A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question).

If yes, please explain: _____ (attach extra pages if necessary).

If Yes – state County you were convicted in: _____

If Yes - provide dates of conviction: _____

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes ___ No

What is your means of transportation to work? _____

Driver's License No. _____ State of Issue _____ Operator ___ Commercial (CDL) ___ Chauffeur

Expiration Date _____

EDUCATION	Name and Address Of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

Describe any job-related training received in the United States military.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Job Title _____ Hourly Rate/Salary _____
Work Performed _____
Reason for Leaving _____

2. Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Job Title _____ Hourly Rate/Salary _____
Work Performed _____
Reason for Leaving _____

3. Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Job Title _____ Hourly Rate/Salary _____
Work Performed _____
Reason for Leaving _____

4. Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Job Title _____ Hourly Rate/Salary _____
Work Performed _____
Reason for Leaving _____

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

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check skills)

PC/MAC Word Processing
 Spreadsheet Other _____

Use the space below to state any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes No

REFERENCES (please indicate personal or professional)

1. _____ (_____) _____
Name Phone No.

Address

2. _____ (_____) _____
Name Phone No.

Address

3. _____ (_____) _____
Name Phone No.

Address

Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and DMCU may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand and agree that if I file a claim or suit arising out of my employment, or termination of employment, with DMCU, I must file the claim or suit within the time period provided by statute or within 180 days of the event giving rise to the claim, whichever is shorter/earlier or I will be barred from bringing the same, and I agree to waive any limitations period that is greater than 180 days.

I understand and acknowledge that in exchange for continued employment at DMCU, **any and all claims or suits** arising out of my employment, or termination of my employment, with DMCU, **including any and all claims of discrimination in violation of state and/or federal civil rights statutes**, shall be submitted to and settled by arbitration in the State of Michigan, by an arbitrator mutually agreed to by me and DMCU. The arbitration will be procedurally conducted pursuant to the Employment Rules then in effect of the American Arbitration Association.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open Yes _____ No _____

Position(s) Considered for: _____

Arrange Interview: Yes _____ No _____

Remarks _____

Date

Interviewer Name/Signature