

# Fort Knox Federal Credit Union APPLICATION FOR EMPLOYMENT

Please submit application in person at any of our Branch Offices, by mail, or by fax.  
PO Box 900, Radcliff, KY 40160-0900 \* azdeweese@fortknoxfcu.net \* Fax # 270-351-0255

## APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based on ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

PLEASE TYPE OR PRINT Date \_\_\_\_\_

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

Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Date of availability \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

Position(s) applying for \_\_\_\_\_

Were you previously employed by us? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, when?\_\_\_\_\_

Unique skills or qualifications \_\_\_\_\_

Are you related by blood or marriage to any current Credit Union employee or any member of the Board of Directors, Credit Committee or Supervisory Committee? Yes\_\_\_\_\_ No \_\_\_\_\_

If so, please list name and relationship below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY - List below present and past employment, beginning with most recent

Company	Start Date	Duties:
Address	End Date	
	Start Salary	
Phone	End Salary	May we contact this employer?
Supervisor	Reason for Leaving	(please check) Yes _____ No _____

Company	Start Date	Duties:
Address	End Date	
	Start Salary	
Phone	End Salary	May we contact this employer?
Supervisor	Reason for Leaving	(please check) Yes _____ No _____

Company	Start Date	Duties:
Address	End Date	
	Start Salary	
Phone	End Salary	May we contact this employer?
Supervisor	Reason for Leaving	(please check) Yes _____ No _____

Company	Start Date	Duties:
Address	End Date	
	Start Salary	
Phone	End Salary	May we contact this employer?
Supervisor	Reason for Leaving	(please check) Yes _____ No _____

PERSONAL REFERENCES (Not relatives or former employers)

Name	Address	Phone Number

How may we contact you during the business day (Mon-Fri 8:00am-4:30pm)?

How may we contact you during the evening (after 4:30pm)?

RECORD OF EDUCATION

Type of School	School Name and Address	Course of Study	Number of Years Completed	List Diploma or Degree
High				
College				
Other				

Are you willing to work part-time?  Yes  No

If yes, how many hours would be acceptable? (you may check both)

less than 20 hours per week

21-39 hours per week

Will you accept temporary employment?  Yes  No

Where are you willing to work? (check all that apply)

Elizabethtown  Fort Knox  Radcliff  Hardin County

Bardstown  Brandenburg  Campbellsville

Danville  Hodgenville  Leitchfield

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

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Signature of Applicant

**FOR CREDIT UNION USE ONLY**

FORT KNOX FEDERAL CREDIT UNION  
APPLICANT DATA

Applicants are considered for employment and treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, or any job-related handicap or medical condition.

To help us comply with government record-keeping requirements, we would appreciate your completing this one-page form. COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. The form will be physically separated from your job application before the application is reviewed for possible employment. This form will be kept in a confidential file, WITHOUT YOUR NAME ON IT, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

How did you come to apply for employment with us?

\_\_\_\_\_ Newspaper ad  
\_\_\_\_\_ Relative/friend  
\_\_\_\_\_ Another web site (please identify) \_\_\_\_\_  
\_\_\_\_\_ Employment agency  
\_\_\_\_\_ Other (please explain)

PERSONAL TRAITS

Check one \_\_\_\_\_ male \_\_\_\_\_ female

ETHNIC AND RACIAL CATEGORY

Check one \_\_\_\_\_ **American Indian/Alaskan native (not Hispanic or Latino)**: A person having origins in any of the original peoples of North / South America including Central America), and who maintain tribal affiliation or community attachment  
\_\_\_\_\_ **Asian (Not Hispanic or Latino)**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.  
\_\_\_\_\_ **Black or African American (Not Hispanic or Latino)**: A person having origins in any of the black racial groups of Africa.  
\_\_\_\_\_ **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.  
\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
\_\_\_\_\_ **White (not Hispanic or Latino)**: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.  
\_\_\_\_\_ **Two or more races (not Hispanic or Latino)**: All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Check all that apply (see reverse for definitions)

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Other veteran (see next page)  
\_\_\_\_\_ Special Disabled Veteran \_\_\_\_\_ Other handicapped person

"Veteran of the Vietnam-era" means a person who: (A) served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

"Special Disabled Veteran" means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.

"Other Veterans" means a veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for you area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>.  
Revised 09/22/06

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Fort Knox Federal Credit Union** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Fort Knox Federal Credit Union**. **Fort Knox Federal Credit Union** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**Abso** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Fort Knox Federal Credit Union** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Fort Knox Federal Credit Union** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Fort Knox Federal Credit Union**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 3009 Douglas Blvd., 3<sup>rd</sup> Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. please print clearly.**

\_\_\_\_\_  
 Signed Today's Date

\_\_\_\_\_  
 Name as it appears on your driver's license Position Applied For

\_\_\_\_\_  
 Social Security Number \*Birth Date Driver's License State

\* Date of Birth optional for employment application purposes.

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr./Mo./Yr.

Current Address: \_\_\_\_\_  
 Street Apt# City State Zip Code From / To?

Former Address: \_\_\_\_\_  
 Street Apt# City State Zip Code From / To?

Former Address: \_\_\_\_\_  
 Street Apt# City State Zip Code From / To?

Former Address: \_\_\_\_\_  
 Street Apt# City State Zip Code From / To?