



Employment Application

Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, disability, or veteran status. Please advise us if any accommodations are required to assist you in the application process.

PLACEMENT

Position(s) Applied for _____ Date of Application _____

Full-time or Part-time _____ Hours/Shift Available _____ When will you be available to begin work? _____

How were you referred to us? _____ Are you legally authorized to work in the United States? _____ Have you ever been denied bonding or had your bonding revoked? _____

PERSONAL

Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____ Are you a BHFCU member? _____

Phone Number _____ Email Address _____

Have you ever been convicted of a crime?
(Conviction will **NOT** automatically exclude you from employment) Yes No If yes, please explain:

Are any of your relatives presently employed with BHFCU? Yes No If yes, who:
Relationship:

EDUCATION

School	Name/Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College or Trade School					
High School					

Office Machine Experience/Skills _____

REFERENCE

Name	Address	Phone	Occupation	Relationship	Years Known

Name/Address of Employer <i>List Most Recent Employment First</i>	Date <i>Month/Year</i>	Hourly Pay	Position	Supervisor/Reason for Leaving
Name Address Phone	From /	Starting Hourly Pay	Starting Position	Supervisor
	To /	Ending Hourly Pay	Ending Position	Reason for Leaving
Name Address Phone	From /	Starting Hourly Pay	Starting Position	Supervisor
	To /	Ending Hourly Pay	Ending Position	Reason for Leaving
Name Address Phone	From /	Starting Hourly Pay	Starting Position	Supervisor
	To /	Ending Hourly Pay	Ending Position	Reason for Leaving
Name Address Phone	From /	Starting Hourly Pay	Starting Position	Supervisor
	To /	Ending Hourly Pay	Ending Position	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact

Employer _____ Reason _____

I authorize the work and personal references listed in this application, and any other individuals I may name, to release to Black Hills Federal Credit Union any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing such information to BHFCU.

Complete Signature of Applicant _____ **Date** _____

By entering my typed signature, I confirm that I have read, understand and agree to all terms.

I certify that the information provided is true and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that any employment relationship with BHFCU is of an "at will" nature, which means that I may resign at any time and BHFCU 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 documentation or by conduct unless such change is specifically acknowledged in writing by the President of Black Hills Federal Credit Union.

I hereby authorize Black Hills Federal Credit Union or any person on its behalf to check and obtain any information and records concerning my background of conviction. I understand and agree that such information and records may be considered as it relates to the employment position for which I have made application.

Black Hills Federal Credit Union has been designated as a non-smoking institution. Use of tobacco or vapor products are not permitted in any building or vehicle owned or leased by BHFCU, or at any premise locations while staff, board, or committee meetings are in session.

Can you work under these conditions? Yes No

If hired, I agree to abide by the terms and conditions of all BHFCU policies and regulations. I agree that, except at the request and for the benefit of Black Hills Federal Credit Union, I will not disclose to anyone or use for my own purposes any of the Credit Union's confidential or proprietary information, either during or after my employment.

Complete Signature of Applicant

By entering my typed signature, I confirm that I have read, understand and agree to all terms.

List states where you previously resided as an adult.

Date



Please read this disclosure.

Sign and return the Authorization on the following page.

DEAR APPLICANT

Based on the Fair Credit Reporting Act (FCRA), Black Hills Federal Credit Union is required to provide applicants with a Consumer Disclosure and an Authorization Form for the use of credit reports in employment decisions. Please carefully read the Consumer Disclosure below and click the appropriate button below.

CONSUMER DISCLOSURE

Use Of Credit Reports For Employment

Black Hills Federal Credit Union may obtain a credit report on any consumer who has applied for or accepted employment with the organization. The Credit Union may use information contained in the consumer credit reports in making decisions related to employment with the organization. This may include, but is not limited to, hiring, promotion, retention, and termination.

Prior to procuring a consumer's credit report for employment, Black Hills Federal Credit Union will obtain the consumer's authorization. Before taking adverse action

based in whole or in part on the report, the consumer will be provided with a copy of the report and a description in writing of the rights of the consumer under the Fair Credit Reporting Act.

Information from the consumer report will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

Please contact Transunion, PO Box 1000, Chester, PA 19022, or by phone at 1-800-888-4213, if you have any questions on the Fair Credit Reporting Act. You can also go to the Transunion website at www.transunion.com/direct.

Human Resource Department

Black Hills Federal Credit Union



*Please return this signed authorization
with your employment application.*

AUTHORIZATION FORM

for employment credit reports

I authorize Black Hills Federal Credit Union to obtain a credit report on me through the credit reporting agency of its choice. If employed, I further authorize Black Hills Federal Credit Union to check my credit record, as needed, on a continuing basis as it relates to my employment.

I understand that if an adverse employment decision is made due wholly or partly to the information on the credit report, Black Hills Federal Credit Union will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Name

Date

By entering my typed signature, I confirm that I have read, understand and agree to all terms.