



Application for Employment

Pre-Employment Questionnaire
An Equal Opportunity Employer

This organization does not discriminate in hiring on basis of race, color, religion, sex, national origin, disability, veteran status, or your membership in any protected class protected under law of this jurisdiction. This application does not intend to ask questions that would provide information that could be used for discrimination. This organization does provide reasonable accommodations to qualified employees and applicants with disabilities.

Dakota West Credit Union prohibits smoking in all company buildings and enclosed work areas and within twenty feet of entrances, exits, operable windows, air intakes, and ventilation systems of enclosed areas in which smoking is prohibited. Smoking is also prohibited in all company vehicles and as otherwise prohibited by state law.

Personal Information

Date

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone Number

Social Security Number

Are you 18 years of age or older?

Yes

No

Are you legally eligible to work in the United States?

Yes

No

Have you ever been convicted of a crime other than a traffic violation?

Yes

No

If yes, please describe and include type of crime and date of conviction.

Employment Desired

Position

Date you can start

Salary desired

Are you employed now?

Yes

No

If so, may we contact your present employer?

Yes

No

Have you applied to this company before?

Yes

No

Where?

When?

Referred by

Education

	Name and Location of School	Number of Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General

Subjects of special study or research work

Special skills

Activities (Civic, athletic, etc.)

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin, disability status, religion, union membership or other protected status of its members.

U.S. Military or
Naval Service

Rank

Present membership in National
Guard or Reserves

Former Employers

List below the last three employers, starting with the most recent one first.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address and Phone Number	Business	Years Acquainted
1			
2			
3			

In case of emergency notify _____

Name

Address

Phone Number

“I certify that all the information submitted by me on this application or accompanying resume is true and complete, and I understand that any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated for cause.

I understand that nothing in this document constitutes an offer of employment. If I do become employed, I understand that all employment with the company is “at will” and may be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing.”

Signature

Date

APPLICANT AUTHORIZATION FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made in conjunction with your application for employment. This investigation may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report will be used for employment purposes only, and will be conducted by the Company with assistance from third parties, such as credit reporting agencies, government agencies, private companies and individuals. Information from this report will not be used in violation of any federal or state equal opportunity law. The Company will obtain all the necessary disclosures and consent as required by law in conjunction with this report.

Under the provisions of the FCRA, you have the right to dispute information provided in the report and, after providing proper identification, you can request a copy of such report, including details about the sources of information.

If we intend to take adverse action, you will be notified by the company. If we intend to obtain an Investigative Consumer Report, the Company will provide you additional information as required by law. You will also be provided a Notice of Adverse Action if we make a final decision not to hire you.

By signing this form, you consent to the Company conducting an investigation and obtaining any and all investigative information as outlined above from any third party for the purpose of considering your employment application.

I, the undersigned, have read and fully understand the above notice. Prior to signing this Authorization, I was provided a summary of my rights under the Fair Credit Reporting Act, and have read and fully understand those rights. I hereby authorize the Company to obtain any investigative information it deems necessary to consider my employment application, subject only to my rights under the FCRA.

Print Name _____

Signature _____

Social Security Number _____

Date _____