

Employment Application

26791 Ryan Road, Warren, MI 48091 (586)756-3300 Fax: (586)756-4316 www.usmfcu.org

		Арј	olican	t Informat	ion						
Full Name:					Date of Birth:						
Full Name:	Last First					of Birth: <i>M.I.</i>					
Address: _	Street Address				Apartment/Unit #						
-	City					State		ZIP Co	ndo.		
Phone:	•		E-r	nail Addres	3S: _	Siate		211 00			
Date Available: Social Security No.:						Desired Salary: _\$					
Position App	plied for:										
Are you a citizen of the United States? YES NO YES NO YES NO				If no, are you authorized to work in the U.S.?							
Have you ever worked for this company?					If so, when?						
Have you ever been convicted of a felony?											
If yes, explain:											
Education											
High Schoo	l:	A	ddress	:							
From:	To:	Did you grad	luate?	YES	NO	Degree:					
College:		A	ddress	:							
From:	To:			YES	NO	Degree:					
Other:		A	ddress								
From:	To:	Did you grad	luate?	YES	NO	Degree:					
References											
Please list	three professional re	eferences.									
Full Name:			Relations	hip: _							
Company:						Phone:					
Address: _											
Full Name:			Relations	Relationship:							
Company:						Phone:					
Address: _											
			Relations	Relationship:							
Company:						Phone:					
Address:											

Previous Employment									
Company:	Phone:								
Address:	Supervisor:								
Job Title: Starting Salary: \$		Ending Salary: \$							
Responsibilities:									
From: To: Reason for Leaving: _		_							
May we contact your previous supervisor for a reference?	NO								
Company:	Phone:								
Address:	Supervisor:								
Job Title: Starting Salary: \$		Ending Salary: \$							
Responsibilities:		_							
From: To: Reason for Leaving:		_							
May we contact your previous supervisor for a reference?	NO								
Company:	Phone:								
Address:	Supervisor:								
Job Title: Starting Salary:		Ending Salary: \$							
Responsibilities:									
From: To: Reason for Leaving:	NO								
May we contact your previous supervisor for a reference?	NO								
Military Service									
Branch:	From:	To:							
Rank at Discharge: Type o	f Discharge:								
If other than honorable, explain:									
Disclaimer and Signature									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature:		_ Date:							

After completing application, print, sign and date form before submitting to the main branch of the credit union.