

**EMPLOYMENT APPLICATION (An equal opportunity employer)**



**Phone:** (734) 525-0700  
**Main:** 36525 Plymouth Rd.  
 Livonia, MI 48150  
**Branch:** 1747 S. Newburgh Rd.  
 Westland, MI 48186

We are an Equal Opportunity Employer to the full extent of all applicable laws and do not discriminate on the basis of race, color, religion, national origin, citizenship, sex, age, marital status, height, weight, handicap or any other basis prohibited by law.

***Our People Make Us The BEST!***

**PLEASE FILL OUT APPLICATION COMPLETELY.**

TODAY'S DATE	PHONE NUMBER (   )	ALTERNATE PHONE NUMBER (   )
LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS	CITY	STATE      ZIP CODE
PREVIOUS ADDRESS	CITY	STATE      ZIP CODE      YEARS THERE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE THAT ISSUED DRIVER'S LICENSE

POSITION APPLIED FOR (BE SPECIFIC)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

*Note: If hired, federal law requires that you furnish documentation proving your identity and eligibility to work in the United States.*

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO      ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO

DO YOU NEED FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU CONSIDER PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF HOURS DESIRED PER WEEK: _____	RATE OF PAY EXPECTED PER: <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR
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HAVE YOU EVER APPLIED HERE BEFORE?  YES  NO      HAVE YOU EVER WORKED HERE BEFORE?  YES  NO  
 IF YES, LIST DATES: \_\_\_\_\_      IF YES, LIST DATES: \_\_\_\_\_

WHAT OTHER EMPLOYMENT OR "SIDE LINE" BUSINESS DO YOU HAVE?      WOULD YOU WANT TO CONTINUE THIS IF EMPLOYED BY US?  
 YES       NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO      *(A conviction will not automatically bar you from employment)*  
 IF YES, LIST DATE AND DETAILS: \_\_\_\_\_

HOW WERE YOU REFERRED TO US?       EMPLOYEE       FRIEND       SCHOOL       AGENCY       AD       OTHER  
 NAME: \_\_\_\_\_      NAME: \_\_\_\_\_      PAPER: \_\_\_\_\_      EXPLAIN: \_\_\_\_\_

**EDUCATION / COURSE OF STUDY**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical, Business, or Other		From:    To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University		From:    To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**EMPLOYMENT HISTORY** *List below past and present employment beginning with your most recent. Include U.S. Military experience.*

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
IMMEDIATE SUPERVISOR	To:	Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE				
WORK PHONE (   )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
IMMEDIATE SUPERVISOR	To:	Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE				
WORK PHONE (   )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMPANY	DATES OF EMPLOYMENT	PAY RATE	POSITION HELD AND RESPONSIBILITIES	REASON FOR LEAVING
ADDRESS	From:	To Start		
IMMEDIATE SUPERVISOR	To:	\$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
SUPERVISOR TITLE		Upon Leaving \$ _____ <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> YEAR		
WORK PHONE ( )	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ANY PERIODS OF UNEMPLOYMENT?  YES  NO  
 IF YES, PLEASE EXPLAIN AND GIVE DATES:

PLEASE LIST ANY SKILLS, ABILITIES, HOBBIES, TRAINING, ETC. WHICH YOU FEEL MAY BE AN ASSET. (EXAMPLE: BUSINESS MACHINES, VOLUNTEER WORK, ADDITIONAL LANGUAGES, DATA PROCESSING, CLERICAL, ETC.) \_\_\_\_\_

HAVE YOU EVER BEEN COVERED BY A FIDELITY BOND?  YES  NO

HAVE YOU EVER BEEN DENIED FIDELITY BOND COVERAGE, HAD A BOND CARRIER IMPOSE AN INDIVIDUAL DEDUCTIBLE SPECIFICALLY ON YOU, OR HAD SUCH COVERAGE REVOKED?  YES  NO

IF YES TO EITHER, STATE DATES AND REASONS:

HAVE YOU HAD ANY EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN THE NATIONAL GUARD OR RESERVES?  YES  NO  
 IF YES, WHAT BRANCH? \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_

SPECIAL TECHNICAL TRAINING:

**REFERENCES (Do not list relatives or former employers)**

Name	Address	Telephone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

In return for Parkside Credit Union's consideration of my application for employment, I agree as follows:

- I authorize an investigation and verification of my employment, education, criminal conviction and credit report. I authorize my employer and former employers, references, medical facilities, educational institutions and any other persons contacted by Parkside Credit Union to provide it with all records and information relevant to this employment application without any obligation to give me written notice thereof, and I release all such parties from all liabilities arising from such disclosures to the extent permitted by law. I also, to the extent permitted by law, (a) waive any claims against Parkside Credit Union relating to such inquiries and disclosures and (b) release Parkside Credit Union, its directors, officers, employees and agents from any liability which might arise from such inquiries and disclosures.
- I understand that I may be required to undertake a post offer physical examination, including a drug and alcohol test, in connection with my application for employment and I agree to do so. Such examination will be conducted by a physician or clinic selected by Parkside Credit Union. I hereby authorize any such physician or clinic to release to Parkside Credit Union such information derived from the examination as Parkside Credit Union requires. I waive, to the extent permitted by law, any claims that I might have on account of the physical examination (including the drug and alcohol test) requirement and the release of the physical examination (including the drug and alcohol test) information to Parkside Credit Union.
- I understand that Parkside Credit Union will accommodate, to the extent required by law, employees with disabilities to allow access to its facilities and employment opportunities. I also understand that I will be required to file a written request for an accommodation on the date I know or reasonably should know that such accommodation is needed.
- I agree that this application will be kept on file for a period of one (1) year after this date. I understand and acknowledge that unless I am hired before the end of this period, this application will be null and void and any continuing interest in Parkside Credit Union will require a new application.
- If employed, I agree that Parkside Credit Union, at its sole discretion, may terminate my employment at its will for any reason or no reason (except for any reason which may be prohibited by applicable statute), with or without advance notice or warning, and that Parkside Credit Union's decision is not reviewable outside Parkside Credit Union (except as may be provided by applicable law). I understand and agree that no employee, manager, executive, board member, or other representative of Parkside Credit Union, other than \_\_\_\_\_, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and \_\_\_\_\_ will be effective. I understand and agree that no other oral or written statement, policy, or practice can change the at-will nature of my employment.
- If employed, I agree to abide by all policies, rules and regulations of Parkside Credit Union, as well as the rules and regulations that govern the credit union's operations.
- I agree not to begin any action or suit, not expressly waived in this application, relating to my employment with Parkside Credit Union more than six months after the date of termination of such employment and I waive any statute of limitations to the contrary.

The information I have provided is true and complete and I understand any false information or material omissions is cause for rejection of this application and termination of employment no matter when discovered.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WE WISH TO EXPRESS OUR APPRECIATION  
 TO YOU FOR CONSIDERING US AS A POTENTIAL EMPLOYER.**