

Application for Employment

Integra First Federal Credit Union (IFFCU) is an equal opportunity employer. IFFCU does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, gender identity, marital status, physical or mental disability, military status, or any characteristic protected by law.

PERSONAL IN	IFORMATION
First Name:	Last Name:
Address:	
How long at a	ddress?
Email Address	S:
Home Phone:	Mobile Phone:
Position(s) for	r which you are applying. Please list specific job title(s):
•	y authorized to work in the U.S.? Yes No ederal law requires that you furnish documentation proving your identity and eligibility Jnited States.
•	st 18 years or older? □Yes □No e not 18, you may be required to provide authorization to work.
	r been convicted of a crime? □Yes □No tion does not automatically bar you from employment.
*If you ansv	vered yes, please provide the date(s) and detail(s):
that would red Board for you Yes Have you ever	r entered a pretrial diversion program for a crime of dishonesty or breach of trust quire IFFCU to obtain approval from the National Credit Union Administration to be employed by IFFCU? No r been covered by a fidelity bond?
Have you ever	No r been denied fidelity bond coverage, had a bond carrier impose an individual ecifically on you, or had such coverage revoked? No
*If you ansv	vered yes, provide the date(s) and reason(s):



Number of hours desir	ed per week:	
Have you ever worked	here before? □Yes	□No
Date available to start:		Hourly Rate/Salary Desired:
Hours we are open to	the public (individual s	start and end times may begin before/after
Office Hours:		
Monday - Friday	9:00 am - 5:00 pm	
Drive Thru Hours:		
Monday - Friday Saturday	8:30 am - 5:30 pm 8:30 am - Noon	
Are there any hours i	in which you cannot wo	ork? □Yes □No
If yes, which days/tin	nes are you unavailable	e for work?
Do you know anyone v	ial skills, experience, a	dit union? □Yes □No and/or training that would enhance your ability to
Do you have any other	skills you wish to me	ention?
reveal race, color, relig	jion, national origin, c	ties, offices held, etc. (Do not list any which would citizenship, age, disability, ancestry, or any ers within the organization):



WORK HISTORY

Please list your complete employment history for the last seven (7) years, including periods of unemployment. Start with the most recent employer and work backwards in time. Add additional pages, if necessary.

Employer.	Dates Employed (Mo/11 to Mo/11)
Address:	Phone Number:
Title:	Hourly rate or Salary:
Summarize the nature of work perfo	rmed and job responsibilities:
Immediate supervisor:	Supervisor's Title:
Reason for leaving:	
May we contact this employer:	
Employer:	Dates Employed (Mo/Yr to Mo/Yr)
Address:	Phone Number:
Title:	Hourly rate or Salary:
Summarize the nature of work perfo	rmed and job responsibilities:
Immediate supervisor:	Supervisor's Title:
Reason for leaving:	
May we contact this employer:	
Employer:	Dates Employed (Mo/Yr to Mo/Yr)
Address:	Phone Number:
Title:	Hourly rate or Salary:
Summarize the nature of work perfo	rmed and job responsibilities:
Immediate supervisor:	Supervisor's Title:
Reason for leaving:	
May we contact this employer:	
EDUCATION	No Vvo Attended
High School:	No Yrs Attended
Degree/Diploma:	
College or University:	No Yrs Attended
Degree Received:	NO 113 AUGINGU
Subjects Studied/Major:	
Casjeets Ottalica/Major.	



Colle	ollege or University: No Yrs Attended	
Degr	egree Received:	
Subje	ıbjects Studied/Major:	
REFE	EFERENCES	
List t	st three (3) professional references:	
Name	me	
Addre	Idress	
Phon	one Number	
Email	nail Address	
Relati	elationship	
Years	ars Known	
Name	me	
Addre	Idress	
	one Number	
	nail Address	
-	elationship	
Years	ars Known	
Mana		
Name		
	Idress	
	one Number	
	nail Address	
	elationship	
Years	ars Known	
To ag	agree, enter your initials next to each statement:	
1	I certify that the information on my application is true and corre	ect, and I authorize Integra First
	Federal Credit Union to investigate and verify any and all of the information	
2		•
3.	credit, information considered necessary and relevant to the position to whi	
	perform routine account history checks on employees, members of the Boa	-
	the Supervisory Committee, and I will not be given advance notice each time	
	conducted. I hereby consent to such checks.	
4 wh	I understand and agree that if I am hired, any and all claims or which arise out of my employment with Integra First Federal Credit Union s	,

after the claim accrues or shall be forever barred. The preceding sentence shall not apply to those claims that require exhaustion of an administrative remedy before suit may be filed or claims under any federal law that does not permit a shortened period of limitation. If a court of competent jurisdiction determines that



any part of this provision is invalid or unenforceable, the provision shall be reformed to give effect to the terms herein to the greatest extent possible.

Please read carefully before signing:

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Integra First Federal Credit Union to hire me. If I am hired, I understand that my employment will be at-will, meaning either Integra First Federal Credit Union or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Integra First Federal Credit Union has the authority to make any assurance to me to the contrary.

I attest with my signature below that I have given to Integra First Federal Credit Union true and complete information on this application. No requested information has been concealed. I agree that Integra First Federal Credit Union shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers, or omissions made by me in this application. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that drug and alcohol testing and/or a medical examination may be required if I receive a conditional offer of employment or after I become employed. Such examination will be conducted by a physician or clinic selected by the credit union. I hereby authorize any such physician or clinic to release to the credit union such information derived from the examination as the 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 (including the drug and alcohol test) information to the credit union. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of a drug and alcohol screen may result in the withdrawal of any employment offer or termination of employment if already employed.

I voluntarily and knowingly authorize the companies, schools, or persons named above to give any information requested regarding my former employment, character and qualifications. I authorize my employer and former employers, references, medical facilities, educational institutions, and any other persons contacted by the 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 any liabilities arising from such disclosures to the extent permitted by law. I also, to the extent permitted by law (a) waive any claims against the credit union relating to such inquires and disclosures and (b) release the credit union, its directors, officers, employees, and agents from any liability which might arise from such inquiries and disclosures. In consideration of my employment, I agree to conform to the rules and regulations of this organization. If hired, my employment is at-will, and my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature:	Date:
Print Name:	

Email to: <a href="https://example.com/https:/

or

Mail to:

Attn: Human Resources Integra First Federal Credit Union PO Box 433 Stephenson, MI 49887



Disclosure Regarding Consumer Reports

Integra First Federal Credit Union may obtain information about you for purposes of employment, promotion, reassignment, or retention as an employee, from a third-party consumer reporting agency. Thus, you may be the subject of a consumer report and/or investigative consumer report which may contain information about your character, general reputation, personal characteristics, and/or mode of living, and which may involve personal interviews with sources such as your neighbors, friends, and associates. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. If an investigative consumer report is requested, you have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of the investigative consumer report and a copy of 'A Summary Of Your Rights Under The Fair Credit Reporting Act'.

Authorization for Consumer Reports

By signing below, I authorize Integra First Federal Credit Union to obtain consumer reports and investigative consumer reports, including by and through any third parties used by the Credit Union to obtain such reports, for purposes of employment, promotion, reassignment, or retention as an employee at any time. To this end, I hereby authorize the complete release of records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution, consumer reporting agency, or other persons having personal knowledge of me to furnish Integra First Federal Credit Union or its designated agents with any and all information in their possession regarding me in connection with an application of employment or my continued employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature:	Date:	
Sidilatule.	Dale.	