



Cochise Credit Union  
170 N. Haskell Ave.  
P.O. Box 1154  
Willcox, AZ 85644  
Phone: 520-384-2822  
Fax: 520-384-0571

DATE: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

\* \* ALL QUESTIONS MUST BE ANSWERED \* \*

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### PERSONAL INFORMATION

FULL NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

DAY TIME PHN: \_\_\_\_\_ EVENING PHN: \_\_\_\_\_

CELL PHN: \_\_\_\_\_ BEST TIME TO BE REACHED \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OVER? YES NO

BY WHOME WERE YOU REFERRED? \_\_\_\_\_

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### IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME: \_\_\_\_\_ DAYTIME PHN: \_\_\_\_\_

CELL PHN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

DESIRED SALARY \$ \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES NO IF SO MAY WE CONTACT THEM? YES NO

BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(LAST 5 YEARS, ACCOUNT FOR ANY PERIODS OF UNEMPLOYMENT, ATTACH ADDITIONAL SHEET IF NECESSARY. MUST FILL IN THIS SECTION IN ADDITION TO RESUME)

<b>DATE FROM/TO MONTH/YEAR</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>SALARY START/END</b>	<b>REASON FOR LEAVING</b>

**EDUCATION/TRAINING HISTORY**

(INDICATE ANY EDUCATION AND TRAINING RELEVANT TO DESIRED POSITION)

<b>SCHOOL NAME ADDRESS</b>	<b>DATES ATTENDED</b>	<b>DID YOU GRADUATE? TYPE OF DEGREE OR CERTIFICATION</b>	<b>FIELD OF STUDY</b>

**PERSONAL REFERENCES**

(GIVE 3 REFERENCES NOT RELATED TO YOU)

<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>YEARS ACQUAINTED</b>

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? YES NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

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**AVAILABILITY**

ARE YOU AVAILABLE: FULL TIME PART TIME

CAN YOU TRAVEL IF A POSITION REQUIRES IT? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

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**SKILLS**

TYPING (WORDS PER MIN): \_\_\_\_\_

ADDING MACHINE: YES NO

WORD PROCESSING SYSTEMS: \_\_\_\_\_  
(BE SPECIFIC) \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (SPECIFY TYPE) \_\_\_\_\_  
\_\_\_\_\_

OTHER JOB RELATED SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I AUTHORIZE INVESTIGATION OF ALL INFORMATION IN THIS APPLICATION AND UNDERSTAND THAT MIS-REPRESENTATION OR OMISSION OF INFORMATION CALLED FOR IS CUSE FOR DISMISSAL.

I UNDERSTAND THAT PROCESSING MY APPLICATION IS NO GUARANTEE OF EMPLOYMENT AND NO INDUCEMENT TO APPLY HAS BEEN OFFERED. I ALSO UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF TE COMPANY OR MYSELF.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
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**AN EQUAL OPPORTUNITY EMPLOYER**



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**FAIR CREDIT REPORTING ACT (FCRA)**  
CONSUMER CREDIT REPORT FOR EMPLOYMENT PURPOSES

**PERSONAL INFORMATION**

FULL NAME (LAST, FIRST, MIDDLE): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

DAY TIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**AUTHORIZATION**

THIS DOCUMENT AUTHORIZES COCHISE CREDIT UNION TO OBTAIN A CONSUMER CREDIT REPORT AS PART OF THE PRE-EMPLOYMENT BACKGROUND INVESTIGATION. IF HIRED, THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS AN ONGOING AUTHORIZATION FOR COCHISE CREDIT UNION TO OBTAIN CONSUMER CREDIT REPORTS AT ANY TIME DURING MY EMPLOYMENT PERIOD.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**DISCLOSURE STATEMENT**

BY THIS DOCUMENT, COCHISE CREDIT UNION DISCLOSES TO YOU THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES AS PART OF THE PRE-EMPLOYMENT BACKGROUND INVESTIGATION AND AT ANY TIME DURING YOUR EMPLOYMENT PLEASE SIGN BELOW TO INDICATE RECEIPT AND UNDERSTAND OF THIS DISCLOSURE.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CREDIT UNION SIGNATURE

\_\_\_\_\_  
DATE