

SOUTHBRIDGE CREDIT UNION APPLICATION FOR EMPLOYMENT

Revised March 2017

(Please print clearly and sign where indicated.)

PLEASE RETURN TO:

Southbridge Credit Union
PO Box F
Southbridge, MA 01550

CHECK ONE:

FULL TIME **PART TIME** **TEMPORARY**

POSITION DESIRED

Salary Desired	Date Available

Southbridge Credit Union (the "Credit Union") is an Equal Opportunity Employer. The Credit Union offers equal employment opportunity to all applicants for employment and all employees regardless of race, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, ancestry, age, physical or mental disability, genetic information, veteran status, military service, application for military service, or any other characteristic protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment. If you need a reasonable accommodation to complete this application, interview, or otherwise participate in the hiring process, please notify us.

PLEASE PRINT

LAST NAME	FIRST	MIDDLE	
ADDRESS	CITY	STATE	ZIP
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			HOME TELEPHONE
If you are hired, will you be able to submit proof of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No			MOBILE TELEPHONE
Are you now or will you at any time be seeking visa sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you under eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			EMAIL ADDRESS
How did you become aware of the position(s) for which you are applying? (Please identify individual or source.)			
Person to contact in an emergency:			
Name:	Relationship to You:	Telephone Number:	
Please list any relatives employed by the Credit Union:			
Name:	Location and Position:	Relationship to You:	
What days are you available to work? <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.			
What is the total number of hours you are available to work per week? _____			
What hours are you available to work? _____			
Are you able to work overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you on layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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May we contact your present employer? Yes No

EMPLOYMENT HISTORY

Have you ever been employed by the Credit Union? Yes No

If yes, give position, dates of employment and reason for leaving: _____

Have you ever previously filed an application with the Credit Union? Yes No

Are you presently employed? Yes No

Have you ever been discharged from a position? Yes No

If yes, please provide details (when and reason(s) for discharge): _____

List all of your places of employment, beginning with the most recent. You may include work performed on a volunteer basis. Please account for any time period between positions when you were not working. The Credit Union may contact any of these persons or entities to obtain an employment reference.

Name and Address of Employer: _____

Type of Business: _____

Employed (Month and Year):

From _____ / _____ To _____ / _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor:

Telephone:

Describe Your Job Duties and Responsibilities:

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Type of Business: _____

Employed (Month and Year):
From _____ / _____ To _____ / _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____ Telephone: _____

Describe Your Job Duties and Responsibilities:

Please use additional pages, if necessary.

EDUCATION AND TRAINING

Name of School and Address	Number of Years Attended	Course of Study or Major	Did You Graduate?	Diploma/Degree or Certification
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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SPECIAL SKILLS AND QUALIFICATIONS

Summarize any special job-related skills and qualifications acquired for employment, training or other experience, including professional licenses and/or certifications (please indicate the applicable organization, state issued, date issued and number), and any job-related academic or professional honors.

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTION UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the position(s) for which you are applying, with or without a reasonable accommodation?

Yes No

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Certification

I certify and affirm that the information provided in connection with the application process, including the information provided on this application for employment (“application”) and any resume submitted is true, accurate, and complete and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that any omission, misrepresentation, or falsification in connection with this application process may be grounds for denial of employment or, if I am hired, immediate termination of my employment regardless of when or how discovered. I understand that failure to fully complete this application for employment may result in my disqualification from eligibility for employment.

I authorize the Credit Union to investigate all information related to my application in order to determine my qualifications for employment and I understand that such investigation may include contacting any of my former and/or current employers (if applicable) or any person or entity listed on this application. I authorize all persons and entities having information relevant to my application to provide that information to the Credit Union upon request. I expressly release and agree to hold harmless the Credit Union, its employees and agents, and all the persons and entities with whom the Credit Union may discuss such reference information, from any potential claims or liabilities arising out of or as a result of the request for, provision of, or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to the Credit Union or if I violate any of the provisions of this Certification.

I understand that completion of this application does not assure me of a position with the Credit Union. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be “at-will.” As such, any employment relationship I may have with the Credit Union may be terminated at any time, with or without notice, for any reason or no reason, by me or the Credit Union. I understand that no representative of the Credit Union, other than the President, has the authority to enter into any agreement for employment with me contrary to the foregoing. I further understand that if I am hired by the Credit Union, I must abide by all rules and policies of the Credit Union which, other than the “at-will” employment policy, may be changed without notice at the sole discretion of the Credit Union.

PLEASE NOTE THAT YOU WILL BE REQUIRED TO DISCLOSE CERTAIN FELONY AND MISDEMEANOR CONVICTIONS LATER IN THE HIRING PROCESS. IN ADDITION, THE CREDIT UNION CONDUCTS CRIMINAL RECORD AND CREDIT CHECKS ON EVERYONE PRIOR TO A POSITION BEING OFFERED AT THE CREDIT UNION.

I understand that any offer of employment, and continued employment, are conditioned upon the satisfactory completion of the criminal record and credit check, as determined in the sole discretion of the Credit Union.

MASSACHUSETTS APPLICANTS: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION:

Signature

Date

Print Name

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PRE-EMPLOYMENT INFORMATION FORM FOR WOMEN AND MINORITIES

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.

Race/Ethnic Group:

- Hispanic/Latino
- White
- Black
- Asian
- American Indian/Alaska Native
- Hawaiian/Pacific Islander
- Two or More Races

Gender:

- Female
- Male

Name (Please Print): _____

Signature: _____

Date: _____

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PRE-OFFER SELF-IDENTIFICATION FORM FOR PROTECTED VETERANS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **“disabled veteran”** is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **“Armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO DISCLOSE MY STATUS

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical

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layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Name (Please Print): _____

Signature: _____

Date: _____

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Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.