



INSTRUCTIONS: Please complete this application in its entirety, incomplete or unsigned applications will not be considered for employment. **An application tailored to the position is to your advantage. Section 14 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.**

Completed applications can be e-mailed to HR@1stliberty.org, faxed to (406)761-8311 or mailed to: ATTN: HR Department, 1st Liberty FCU, P.O. Box 5002, Great Falls, MT 59403-5002.

1. Name: _____
Last First M.I.

2. Soc. Sec. No.: _____

3. Address _____
Street

_____ City State Zip Code

4. Phone No. _____
Work Home

5. This section must be completed for each position you apply for

Job Title _____

Job Location _____

Date you are available for work.

6. If required for this position: Yes No

Do You Have: a. valid drivers license? _____

b. are you willing to travel overnight? _____

7. Are you willing to accept _____ Full Time

_____ Part Time (less than 40 hrs/wk)

_____ Temporary

Dates available: _____ to _____

_____ On-Call

_____ Day Shift

_____ Other than day shift

_____ Rotating shifts

_____ Seasonal

8. EDUCATION

<p>A. HIGH SCHOOL Received: <input type="checkbox"/> Diploma of Equivalent Certification <input type="checkbox"/> None - If "None", enter the highest grade completed _____</p>	<p>B. NAME/ADDRESS OF HIGH SCHOOL AWARING DIPLOMA OR EQUIVALENCY CERTIFICATE _____ _____ _____</p>
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C. College or University Location	Date Attended	Credit Hrs Earned	Degrees Received	Date of Degree	Major Field	Minor Field

D. Other School or Training Courses which Help you Qualify NAME, LOCATION	Date Attended	Did you Complete	Title/Description of Course	Total Hours

9. LIST PROFESSIONAL LICENSE, REGISTRATION, OR CERTIFICATES (CPA, etc.)

Name and Complete Address of licensing Agency	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

10. If applying for skilled craft jobs, are you a recognized Journey Level Worker? YES NO
 If "yes", what craft or trade? _____ When received? _____

11. SPECIAL SKILLS- Check the skills you possess (Specify speed/errors where requested)

Typing ___/___ Data Entry ___/___ Medical Terminology
 Shorthand ___/___ Ten-Key by Touch ___/___ Legal Terminology
 Computer Language (Specify) _____ Other _____

12. Equipment-List types of equipment you can operate and specify name or model you have used (e.g. word processor, computer, etc.).

13. EXPERIENCE

Begin with your present or most recent job and list your work experience with an emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the blocks below are not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions in the blocks are answered and the same format is followed. **This information must be completed even if a resume is submitted.**

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? Yes No

Name & Complete Address of Employer:

Type of Business: _____ Dates ____ / ____ to ____ / ____

Immediate Supervisor: _____ Full Time: _____ Part Time _____

Highest Salary \$ _____ Phone Number _____

Volunteer; Average hours per week: _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, and accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Type of Business: _____ Dates ____ / ____ to ____ / ____

Immediate Supervisor: _____ Full Time: _____ Part Time _____

Highest Salary \$ _____ Phone Number _____

Volunteer; Average hours per week: _____

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, and accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Type of Business: _____ Dates ____ / ____ to ____ / ____
Immediate Supervisor: _____ Full Time: _____ Part Time _____
Highest Salary \$ _____ Phone Number _____
Volunteer; Average hours per week: _____
Describe your duties (job title, knowledge, skills, abilities required, employees supervised, and accomplishments)

Reason for Leaving: _____

Name & Complete Address of Employer:

Type of Business: _____ Dates ____ / ____ to ____ / ____
Immediate Supervisor: _____ Full Time: _____ Part Time _____
Highest Salary \$ _____ Phone Number _____
Volunteer; Average hours per week: _____
Describe your duties (job title, knowledge, skills, abilities required, employees supervised, and accomplishments)

Reason for Leaving: _____

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to “make and keep records relevant to the determinations of whether unlawful practices have been or are being committed.” This is also a requirement of Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of this information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name _____ Social Security No _____

Job applied for: Job Title: _____

Location _____

How did you first learn about this position?

NEWSPAPER AD OR JOURNAL

A FRIEND

JOB SERVICE

COMMUNITY ORGANIZATION

OTHER

MALE

FEMALE

DATE OF BIRTH ___/___/___

RACE/ETHNICITY

Please check the one box that best describes your race/ethnicity:

White (Not of Hispanic origin)
A person having origins in one of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin)
A person having origins in one of the black racial groups of Africa.

Spanish (Hispanic)
A person having origins in Mexican, Puerto Rican, Cuban, Central, or South America or other Spanish Cultures, regardless of race.

Asian or Pacific Islander
A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The area includes, for example, China, India, Japan, Korea, the Philippines, and Samoa.

American Indian or Alaskan Native
A person having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

15. EMPLOYMENT DISCLOSURE

- a. Have you ever had any Bond coverage modified or revoked, or has any application for a Bond ever been declined? Yes No
- b. Have you been convicted of, or pled guilty or nolo contendere (no contest), in a domestic or foreign court to any felony or misdemeanor (excluding minor traffic violations)? Yes No
- c. Are you presently the subject of any criminal action investigation or proceeding? Yes No
- d. Has any organization over which you exercised management or policy control, ever been convicted of any misdemeanor or felony act during or as a result of your employment? Yes No
- e. Have you ever had any insurance or securities license suspended or revoked? Yes No

NOTE: A positive response to any or all of the above questions is not an automatic bar to employment. All circumstances will be considered.

IF YOU HAVE ANSWERED "YES" TO ANY QUESTION ABOVE, PLEASE PROVIDE A FULL EXPLANATION ON A SEPARATE ATTACHMENT TO THIS APPLICATION.

Agreement of Applicant

****PLEASE READ CAREFULLY BEFORE SIGNING****

I certify that the statements I have made on this application and on any attached materials (resume, cover letter, transcripts, etc.) are true. I agree to hold harmless 1st Liberty Federal Credit Union against all actions, proceedings, liabilities, damages, loss, cost and expenses, including legal fees that it may sustain or become liable for by reason of any dishonesty on my behalf.

I ALSO UNDERSTAND THAT:

1. Should my circumstances change such that any of the answers given by me on this application are no longer accurate or true, then I shall notify 1st Liberty Federal Credit Union of such change. Failure to do so may result in the termination of my employment.
2. I grant permission to the employer, insurer, or their agents, to collect such additional information about me as may be necessary to review and fully verify the information on this application or any attachments. Information may be obtained from such sources as: law enforcement agencies (municipal, county, state, federal, and foreign), current and former employers, governmental agencies, and references.
3. I further represent and warrant that I have not concealed or failed to disclosure any facts, and that falsification of any statement made by me is grounds for disqualification from further consideration or for immediate dismissal from employment. All offers of employment will be contingent upon successful completion of all screening checks for the position in question.
4. In the event that I am hired, and it is later discovered by 1st Liberty FCU that any of the answers given are untrue or inaccurate, the insurer at its option may cancel my bond and/or 1st Liberty FCU may terminate my employment.
5. Pursuant to the Fair Credit Reporting Act, I am hereby given notice that an investigative consumer report may be made. I have a right within a reasonable period of time to request in writing, a complete and accurate disclosure of the nature and scope of any investigation requested.
6. I understand that receipt of this application by 1st Liberty Federal Credit Union does not guarantee a job interview or offer of employment.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

X _____
Applicant's Signature

Date

DISCLOSURE & CONSENT TO OBTAINING CONSUMER CREDIT REPORT & CRIMINAL HISTORY REPORT

Please take **Notice** that a Consumer Credit Report and Criminal History Report may be obtained for employment purposes on all existing and prospective employees. I, _____, acknowledge receipt of this disclosure and authorize 1st Liberty Federal Credit Union to procure a Consumer Credit Report and Criminal History Report regarding me for employment purposes.

Maiden Name: _____ (If applicable)

Current Address City St Zip Code

Previous Address City St Zip Code

Social Security #

*Date of Birth

I wish to receive a copy of my consumer report directly from TransUnion LLC
(Employer required to provide to applicants in the states of California, Minnesota and Oklahoma only)

Signature

Date

***Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.**