



FAX to (810) 244-2011 or return to:
 Financial Plus Credit Union
 G-3381 Van Slyke Road
 Flint, MI 48507-0006

EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

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 or handicap.

PLEASE FILL OUT APPLICATION COMPLETELY.

Today's Date		Phone Number		E-mail Address	
Last Name			First Name		Middle Initial
Street Address			City	State	Zip Code
Previous Address			City	State	Zip Code
Social Security Number		Driver's License Number		State That Issued Driver's License	

Type of Work Preferred
 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 a citizen of the United States? YES NO If NO, do you have authorization to work in the United States? YES NO

Do you need full-time employment? YES NO Number of hours desired _____ Days of the week available to work: _____ Rate of pay expected per: \$ _____
 Will you consider part-time? YES NO per week: _____ Mon Tues Wed Th Fri hour week year

Have you ever applied here before? YES NO
 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 dates 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	Date of Employment	Pay Rate	Position Held and Responsibilities	Reason for Leaving
Address	From	To Start \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.		
Immediate Supervisor	To	Upon Leaving \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.		
Supervisor Title	May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Work Telephone ()				
Company	Date of Employment	Pay Rate	Position Held and Responsibilities	Reason for Leaving
Address	From	To Start \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.		
Immediate Supervisor	To	Upon Leaving \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.		
Supervisor Title	May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Work Telephone ()				

EMPLOYMENT HISTORY (Continued)

Company	Date of Employment	Pay Rate	Position Held and Responsibilities	Reason for Leaving
Address	From	To Start \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.		
Immediate Supervisor	To	Upon Leaving \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.		
Supervisor Title				
Work Telephone ()	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 as asset. (Example: Business Machines, Volunteer Work, Additional Languages, Data Processing, Clerical, etc.)

Have you ever been covered by surety bond? YES NO
Have you ever been denied surety bond 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 (Please list former employers or supervisors that are familiar with your work.)

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

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I authorize an investigation and verification of my employment, education, criminal conviction and financial record. I authorize my employer and former employers, references, credit reporting agencies/bureaus, 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 all liabilities arising from such disclosures. I also waive any claims against the credit union relating to such inquiries and disclosures and release the 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. Such examination would 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 that examination as the credit union requires. I waive 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 the credit union.

I understand that the 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 have 182 days from this date, or the date I know or reasonably should know that such accommodation is needed, to file a written request for such accommodation.

I agree that this application will be considered for the period of six (6) months after this date. I understand and acknowledge that unless I am hired before the end of this six-month period, this application will be null and void and any continuing interest in the credit union will require a new application.

I agree not to begin any action or suit, not expressly waived in this application, related to my employment with the Credit Union more than six months after the date of termination of such employment and to waive any statute of limitations to the contrary.

If employed, I agree to abide by all rules and regulations of the credit union.

To the best of my knowledge, the above statements are true and I understand, if employed, any false information or material omissions may be cause for discipline or discharge.

Signature _____ Date _____

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



G-3381 Van Slyke Road • P.O. Box 7006 • Flint, Michigan 48507-7006 • (800) 748-0451