



Employment Application

Date of Application _____

APPLICANT INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone _____ Alternate Phone _____

Email _____

Position desired _____ Date Available to start _____

Are you authorized to work in the United States? Yes No
(Within 3 days of your start date, you will be required by federal law to furnish proof of such eligibility.)

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, KEMBA Indianapolis Credit Union will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Are you interested in: Full-Time Part-Time

How did you hear about us? _____

Have you worked for KEMBA before? Yes No If yes, when? _____

Do you know anyone currently employed by KEMBA? _____

Desired Pay: Hourly \$ _____ / hr. Annual Pay \$ _____ \$ _____
(Minimum, if applicable) Minimum Desired

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

KEMBA Indianapolis Credit Union is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, KEMBA Indianapolis Credit Union complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. KEMBA Indianapolis Credit Union also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

EMPLOYMENT HISTORY

Present or Last Employer		Address		Phone
Start Date	End Date	Starting Pay	Final Pay	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title		Name of Supervisor		Supervisor's Job Title
Description of Work and Responsibilities:				

Next Previous Employer		Address		Phone
Start Date	End Date	Starting Pay	Final Pay	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title		Name of Supervisor		Supervisor's Job Title
Description of Work and Responsibilities:				

Next Previous Employer		Address		Phone
Start Date	End Date	Starting Pay	Final Pay	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title		Name of Supervisor		Supervisor's Job Title
Description of Work and Responsibilities:				

Have you ever been discharged, permitted to resign rather than be discharged or asked to resign from a job? Yes No

If yes, please state the employer and the reason for the discharge or involuntary resignation:



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EDUCATION AND TRAINING

Name of School	Location City and State	Did you Graduate?	Degree	Course or Major Subject
High School				
Trade/Technical/Business or Correspondence				
College or University				
College or University/Graduate Study				

Describe any specialized training, apprenticeships, licenses, or skills.

Professional Courses/Designations or licenses (List all that apply)

Specialized Training/Computer Skills

Scholarships, Fellowships, Assistantships, etc.

Other Special Skills:



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REFERENCES

Please list three professional references. A minimum of two should be recent supervisors. The other reference may be previous supervisor, co-worker, or subordinate. Please do not list any personal references or references you do not want contacted.

Name/Title _____	Relationship _____
Company: _____	Dates of Employment: From _____ To _____
City/State: _____	Daytime/Business Phone _____
Name/Title _____	Relationship _____
Company: _____	Dates of Employment: From _____ To _____
City/State: _____	Daytime/Business Phone _____
Name/Title _____	Relationship _____
Company: _____	Dates of Employment: From _____ To _____
City/State: _____	Daytime/Business Phone _____

Please read carefully before signing the application

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

Applicants Signature _____

Date _____