



APPLICATION FOR EMPLOYMENT

Through its employees ICCU is building lifetime member relationships as a trusted financial partner.

FULL NAME			SOCIAL SECURITY No.		PHONE No. ()		DATE	
CURRENT ADDRESS – STREET			CITY		STATE		ZIP	
PREVIOUS ADDRESS			CITY		STATE		ZIP	
NOTIFY IN CASE OF EMERGENCY					RELATIONSHIP			
ADDRESS					HOME PHONE		BUSINESS PHONE	
REFERRED BY				CREDIT UNION				
LIST ANY RELATIVES PRESENTLY EMPLOYED WITH US.			NAME			RELATIONSHIP		
			NAME			RELATIONSHIP		
HAVE YOU EVER BEEN EMPLOYED BY US?			<input type="checkbox"/> YES IF YES, WHEN? <input type="checkbox"/> NO		ARE YOU SEEKING? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER EMPLOYMENT		MINIMUM SALARY REQUIREMENT \$ Per	

PRESENT AND/OR PAST EMPLOYERS

NAME		DATE FROM TO		STARTING SALARY		ENDING SALARY	
ADDRESS – STREET		CITY		STATE		ZIP	
REASON FOR LEAVING							
JOB TITLE AND WORK RESPONSIBILITIES							
SUPERVISOR						MAY WE CONTACT FOR REFERENCE?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME		DATE FROM TO		STARTING SALARY		ENDING SALARY	
ADDRESS – STREET		CITY		STATE		ZIP	
REASON FOR LEAVING							
JOB TITLE AND WORK RESPONSIBILITIES							
SUPERVISOR						MAY WE CONTACT FOR REFERENCE?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME		DATE FROM TO		STARTING SALARY		ENDING SALARY	
ADDRESS – STREET		CITY		STATE		ZIP	
REASON FOR LEAVING							
JOB TITLE AND WORK RESPONSIBILITIES							
SUPERVISOR						MAY WE CONTACT FOR REFERENCE?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES

PERSONAL	NAME		DAY PHONE No.		EVENING PHONE No.		HOW LONG?		
	NAME		DAY PHONE No.		EVENING PHONE No.		HOW LONG?		
PROFESSIONAL	BUSINESS		CONTACT PERSON			PHONE No.		HOW LONG?	
	BUSINESS		CONTACT PERSON			PHONE No.		HOW LONG?	

CONTINUED ON REVERSE SIDE

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR FIELD	FROM	TO	GRADUATE? GIVE DEGREE
HIGH SCHOOL					
COLLEGE					
BUSINESS, OR TRADE SCHOOL					

SPECIAL SKILLS
 TYPING _____ WPM SHORTHAND _____ WPM OFFICE MACHINES: _____

ADDITIONAL SKILLS OR COMMENTS REGARDING YOUR QUALIFICATIONS

HOW MANY DAYS HAVE YOU LOST FROM WORK BECAUSE OF ILLNESS IN THE PAST 12 MONTHS? _____ REASONS: _____

DO YOU HAVE ANY IMPAIRMENTS, PHYSICAL, MENTAL, OR MEDICAL WHICH WOULD INTERFERE WITH YOUR ABILITY TO DO THE JOB FOR WHICH YOU HAVE APPLIED? YES IF YES, PLEASE EXPLAIN
 NO

HAVE YOU EVER RECEIVED WORKER'S COMPENSATION? YES IF YES, PLEASE EXPLAIN
 NO

EVER COVERED BY A SURETY BOND? YES EVER DENIED A SURETY BOND? YES HAVE A CURRENT MILITARY OBLIGATION? YES
 NO NO NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES HAVE ANY LEGAL PROCEEDINGS PENDING AGAINST YOU? YES
 NO NO

I hereby authorize Isabella Community Credit Union (ICCU) to contact my former employers and authorize my former employers to give any information regarding my employment, together with any information they may have regarding whether or not it is on their records, to (ICCU). I hereby release my former employers and their personnel from all liabilities whatsoever for issuing same to ICCU. I hereby authorize ICCU to acquire and consider credit information pertaining to my credit history.

Receipt & Acknowledgment of ICCU At-Will Employment Relationship Policy

Please read the following statements and sign below to indicate your receipt and acknowledgement of ICCU At-Will Employment Relationship Policy.

- I further understand that in the event that I am employed by (Isabella Community Credit Union) my employment will be terminated at will, either by myself, or ICCU, regardless of the length of my employment or the granting of the benefits of any kind.
- I understand that my employment with ICCU would be an at-will relationship and no written or oral contract, expressed or implied, may alter that employment relationship. I understand that I, or ICCU could terminate my employment at any time with or without notice for any reason and with or without cause.
- I understand that my signature below indicates that I have read and understand the above statements.

DISCLOSURE OF USE OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

As part of the process of determining your eligibility for current or future employment opportunities, the Credit Union may obtain "consumer reports" containing information from "consumer reporting agencies" about such matters as your creditworthiness, credit history, character, general reputation, personal characteristics, or mode of living. In some circumstances, we may obtain an "investigative consumer report", which is a special kind of consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, associates, or others who may have knowledge about you.

AUTHORIZATION OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

I have received a disclosure of use of consumer reports for employment purposes AND I AUTHORIZE the Credit Union to obtain any consumer reports it may wish to use now or in the future for employment purposes (including decisions on hiring, promotions, transfers, etc.)

DISCLOSURE AND AUTHORIZATION FOR INVESTIGATIVE CONSUMER REPORTS

Under the Fair Credit Reporting Act, if we obtain an investigative consumer report, you have the right to make a written request for the disclosure of the nature and scope of the investigation within a reasonable period of time. We will promptly provide the required disclosure.

By signing below, you acknowledge receiving a copy of this document, a DISCLOSURE OF USE OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES, and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT; and you authorize the Credit Union to obtain any consumer reports/investigative consumer reports it may wish to use now or in the future for employment purposes (including decisions on hiring, promotion, transfer, etc.)

Signature of _____
 Date _____ Applicant/Employee _____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENTS ARE TRUE AND I UNDERSTAND, IF EMPLOYED, OMISSIONS, OR MISREPRESENTATIONS ARE CAUSE FOR DISMISSAL.

Date: _____	Applicant's Printed Name: _____	Applicant's Signature: _____
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We wish to express our appreciation to you for considering us as a potential employer.

- Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office Of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign bank)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B. appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

A summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed for bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
- You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact an error.
- Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.