



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER?		... Yes ... No	PHONE NO.	APARTMENT NO.	
DRIVER'S LICENSE INFORMATION		STATE:	NUMBER:		
IN CASE OF EMERGENCY NOTIFY					
		NAME	ADDRESS	PHONE NO.	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				... YES	... NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (You will NOT be automatically disqualified by answering yes to this question.)				... YES	... NO
HAVE YOU EVER HAD ANY BOND COVERAGE MODIFIED OR REVOKED, OR HAS ANY BOND APPLICATION EVER BEEN DECLINED?				... YES	... NO

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
EMPLOYMENT PREFERENCE ... TEMPORARY ... PART-TIME ... FULL-TIME		
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
ANY RELATIVES IN OUR EMPLOYMENT?	IF YES, PLEASE LIST.	
EVER WORKED IN A CREDIT UNION?	IF YES, PLEASE GIVE DETAILS.	
EVER APPLIED TO RIVERFALL CREDIT UNION?	WHEN?	
EVER WORKED FOR RIVERFALL CREDIT UNION?	WHEN?	
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT RIVERFALL CREDIT UNION		
WHO REFERRED YOU TO RIVERFALL CREDIT UNION?	... EMPLOYMENT AGENCY	... NEWSPAPER ADVERTISEMENT
STATE EMPLOYMENT	COLLEGE PLACEMENT	... OTHER
... OFFICE	... SERVICE	... WALKED IN
		... EMPLOYEE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

EDUCATION

<u>SCHOOL LEVEL</u>	<u>NAME AND LOCATION OF SCHOOL</u>	<u>*NO. OF YEARS ATTENDED</u>	<u>*DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
HIGH SCHOOL				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

ARE YOU CURRENTLY ENROLLED IN SCHOOL?

IF YES, WHAT COURSES ARE YOU TAKING AND WHERE?

IF NO, DO YOU PLAN TO PURSUE FURTHER STUDIES?

FORMER EMPLOYERS LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF DUTIES

REASON FOR LEAVING

NAME AND ADDRESS OF PREVIOUS EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF DUTIES

REASON FOR LEAVING

NAME AND ADDRESS OF PREVIOUS EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF DUTIES

REASON FOR LEAVING

PLEASE ACCOUNT FOR ANY EXTENDED PERIODS OF UNEMPLOYMENT, OTHER THAN WHEN IN SCHOOL.

DATE: EXPLANATION:

DATE: EXPLANATION:

REFERENCES PROVIDE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS ACQUAINTED</u>
1			
2			
3			

SERVICE RECORD

<u>BRANCH OF SERVICE</u>	<u>DISCHARGE DATE</u> <u>RANK</u>
<u>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</u>	<u>DATE OBLIGATION ENDS</u>

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME."

"IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO RIVERFALL CREDIT UNION'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR RIVERFALL CREDIT UNION'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY RIVERFALL CREDIT UNION. I UNDERSTAND THAT NO RIVERFALL CREDIT UNION EMPLOYEE OR REPRESENTATIVE, EXCEPT THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

"I, THE UNDERSIGNED, OF MY OWN FREE WILL AND WITHOUT DURESS, AGREE IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT WITH RIVERFALL CREDIT UNION TO SUBMIT TO ALCOHOL/DRUG TESTING. I AGREE THAT THE RESULTS OF ALCOHOL/DRUG TESTING WILL BECOME PART OF MY EMPLOYMENT APPLICATION AND MY PERSONNEL FILE IN THE EVENT I AM EMPLOYED. I UNDERSTAND THAT THESE ALCOHOL/DRUG EXAMINATIONS MAY BE REPEATED FROM TIME TO TIME DURING MY EMPLOYMENT AND I UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT AND CONTINUED EMPLOYMENT, RIVERFALL CREDIT UNION MAY, FROM TIME TO TIME, REQUIRE ME TO SUBMIT SPECIMENS OF BLOOD, URINE, AND OTHER BODILY FLUIDS FOR TESTING TO DETERMINE THE PRESENCE OF ALCOHOL AND/OR CONTROLLED SUBSTANCES. I HEREBY AUTHORIZE AND CONSENT TO SUCH TESTING AND DO HEREBY AUTHORIZE THE TESTING AGENCY TO RELEASE THE RESULTS OF ANY SUCH TEST TO RIVERFALL CREDIT UNION. I UNDERSTAND THAT IF I FAIL TO COMPLY WITH RIVERFALL CREDIT UNION'S REQUEST IN THIS REGARD OR TO FURNISH THE APPROPRIATE SAMPLES WHEN AND AS REQUESTED I WILL BE SUBJECT TO IMMEDIATE TERMINATION. I UNDERSTAND THAT ANY OF MY PERSONAL ITEMS BROUGHT TO RIVERFALL CREDIT UNION, INCLUDING LUNCH BOXES, PURSES, AND PACKAGES, ARE SUBJECT TO SEARCH(S) AT ANY TIME. I ALSO UNDERSTAND THAT MY LOCKER OR DESK IS SUBJECT TO SEARCH AT ANY TIME. I CONSENT TO SUCH SEARCH OR AGREE TO COOPERATE WITH THE CREDIT UNION, IF REQUIRED. FAILURE TO COOPERATE IN A CREDIT UNION AUTHORIZED SEARCH SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT."

"I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS AND CAUSES OF ACTION OF EVERY KIND WHATSOEVER AGAINST RIVERFALL CREDIT UNION OR ANY OF ITS OFFICERS AND EMPLOYEES AND ANY PERSON, FIRM, OR CORPORATION ENGAGED BY RIVERFALL CREDIT UNION IN THE TAKING AND MAINTAINING OF SUCH ALCOHOL/DRUG TESTS, AND CONDUCTING SEARCHES, OR FROM ANY RESULTING ACTION OR NON-ACTION BY RIVERFALL CREDIT UNION BECAUSE OF SUCH TESTS, OR IN CONDUCTING ANY INVESTIGATION CONCERNING MY BACKGROUND WHICH I MAY NOW OR IN THE FUTURE HAVE ARISING OUT OF OR IN CONNECTION WITH AFORESAID ALCOHOL/DRUG TESTS OR INVESTIGATIVE PROCEDURES."

DATE

SIGNATURE



APPLICATION FOR EMPLOYMENT ADDENDUM

Employer Disclosure - Fair Credit Reporting Act

By this document, RiverFall Credit Union discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during employment. Please sign below to indicate receipt of this disclosure.

Applicant/Employee Signature _____ Date _____

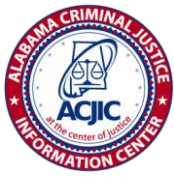
Credit Union Signature _____ Date _____

Employee Authorization - Fair Credit Reporting Act

This document authorizes RiverFall Credit Union to obtain a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for RiverFall Credit Union to obtain consumer reports at any time during my employment period.

Applicant/Employee Signature _____ Date _____

Credit Union Signature _____ Date _____



Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, _____, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a **name-based** search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

PLEASE PRINT ... *Asterisks denote required information.

Last Name* (required)	First Name* (required)	Middle Name	Maiden Name
Street Address		City, State and Zip Code	
Sex / Gender* (required)	Race* (required)	Date of Birth* (required)	
Social Security Number* (required)		Place of Birth	
Drivers License State		Drivers License #	
Signature* (required)		Date of Signature* (required)	
Name of Employer/Prospective Employer			