



**Please submit to any branch or mail to: TCFCU Attn: Human Resources, 300 North K St., Tulare, CA 93274**

All qualified applicants will receive consideration for employment without regard to gender, race, color, national origin, ancestry, age, disability, marital status, source of income, class, religion, physical characteristics, political belief as prohibited by Federal or State laws. No information on this application will be used for the purpose of unlawful discrimination.

Please read the entire form before you begin filling it out. Answers should be carefully printed in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. Answer all questions, indicating "None" where applicable. This application must be completed in its entirety before any offer of employment may be considered.

**PERSONAL INFORMATION:**

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Number where you may be reached during business hours: \_\_\_\_\_

Have you ever worked under another name? Yes No If "Yes", please list: \_\_\_\_\_

Are you at least 18 years of age? Yes No

Are you legally eligible to be employed in the United States? Yes No *If "No", appropriate documentation to work will be required.*

Have you worked for TCFCU before? Yes No If "Yes", when and in what position \_\_\_\_\_

List any relatives employed by TCFCU and his/her relationship to you: \_\_\_\_\_

**POSITION INFORMATION:**

For which position are you applying? \_\_\_\_\_

Are you able to perform the essential functions of the position? Yes No *Please refer to Position Description*

If "No", please explain: \_\_\_\_\_

*Please note that consistent attendance and punctuality are essential requirements of every position with TCFCU.*

At what locations are you willing to work? Tulare Porterville West Visalia Central Visalia

What type of work do you seek: Full time (40 hours/week) Part-time # Hours \_\_\_\_\_

Are you currently employed? Yes No Are you currently attending college? Yes No

What rate of pay do you expect? \$ \_\_\_\_\_ What date are you available to begin work? \_\_\_\_\_

Did a TCFCU Employee refer you? Yes No If "Yes" name: \_\_\_\_\_

If driving is a requirement of this position, do you have a valid driver's license? Yes No  
*(If driving is a requirement of this position, continued employment is contingent upon you maintaining a current driver's license)*

Restrictions: Yes No If "Yes" please describe restrictions: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Complete the following history as thoroughly as possible, starting with your current or most recent Employer. For any unemployed periods, show activities, dates and locations. Include US military service, school, volunteering, etc.	
Employer's Phone	Current or Most Recent Employer's Name:
Employed (mo/year) From:	Employer's Address:
To:	Street                                  City                                  State/Zip
Job Title:	Describe your responsibilities:
May we contact this employer?	Supervisor's name:                                  Title:                                  Phone:
	Reason for leaving/seeking employment:
Employer's Phone	First Previous Employer's Name:
Employed (mo/year) From:	Employer's Address:
To:	Street                                  City                                  State/Zip
Job Title:	Describe your responsibilities:
May we contact this employer?	Supervisor's name:                                  Title:                                  Phone:
	Reason for leaving/seeking employment:
Employer's Phone	Second Previous Employer's Name:
Employed (mo/year) From:	Employer's Address:
To:	Street                                  City                                  State/Zip
Job Title:	Describe your responsibilities:
May we contact this employer?	Supervisor's name:                                  Title:                                  Phone:
	Reason for leaving/seeking employment:
Employer's Phone	Third Previous Employer's Name:
Employed (mo/year) From:	Employer's Address:
To:	Street                                  City                                  State/Zip
Job Title:	Describe your responsibilities:
May we contact this Employer?	Supervisor's name:                                  Title:                                  Phone:
	Reason for leaving/seeking employment:

**SKILLS:**

Check the box of any of the following which you have the knowledge, skill and ability to operate or perform:

- Calculator       IBM Compatible PC       Keyboarding \_\_\_\_\_ words per minute
- Data Base: Program Name: \_\_\_\_\_
- Word Processing: Program Name: \_\_\_\_\_
- Spreadsheet: Program Name: \_\_\_\_\_
- Presentation Graphics: Program Name: \_\_\_\_\_
- Other: \_\_\_\_\_

Indicate any foreign language (and your skill level) that might help you in this position's duties:

	Fair	Good	Fluent
Speak			
Read			
Write			

List any job-related professional, trade or vocational organizations to which you belong. (*Omit any organization which reflects your race, color, religion, age, gender, sexual orientation, marital status or disabilities.*)

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**EDUCATION:**

You may be asked to furnish transcripts of school and college work and certificates and licenses.

School	Name and Location (City and State)	Course of Study	# Years Completed	Did you graduate?	Type of Degree or Diploma
High School				Yes    No	
College				Yes    No	
College				Yes    No	
Business, Trade or Technical				Yes    No	
Other				Yes    No	

**OTHER:**

Have you ever had fidelity bond coverage denied or cancelled?    Yes    No    If "Yes" please explain:

**REFERENCES:**

List three (3) references that are not related to you and have known you for at least three (3) years.

Name:	Mailing Address (Street or P.O. Box, City, State and ZIP Code):	Daytime Telephone:	# Years Known:	Relationship:
		(     )		
		(     )		
		(     )		

**APPLICANT ACKNOWLEDGEMENT**

***I understand and acknowledge that:***

*Receipt of this application by Tulare County Federal Credit Union (hereafter TCFCU) does not guarantee an interview or offer of employment.*

*TCFCU may require the successful completion of pre-employment testing as a condition of employment for non-exempt positions, that taking the pre-employment test is part of my job application, and that the test results will be used to assist TCFCU in making an employment decision.*

*As a TCFCU employment applicant, I understand that TCFCU may make a background investigation. This investigation will contain information as to my work habits, experience, character and performance. Information may be requested from public and private sources about reasons for termination of past employment, driving records, court records, education, credentials, credit and reference.*

*The information requested will be used in compliance with the Fair Credit Reporting Act, the Federal Americans with Disabilities Act (ADA), and/or any other applicable State or Federal laws. I understand that if I am denied employment because of information contained in whole or in part in the background investigation, that I have the right to be notified and given the name and address of the agency or source that provided the information.*

*I hereby authorize, without any reservation, any law enforcement agency, school, employer, reference, information service bureau institution contacted by TCFCU, or its agents, to furnish the information described above.*

*I understand that a facsimile or photographic copy of this release shall be valid as the original.*

***I understand and acknowledge that if I am offered employment:***

*It is contingent upon a background check.*

*Any false statement, misrepresentation or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in the immediate termination of my employment.*

*My employment shall be at will and for no definite period and may be terminated at any time, with or without cause and with or without prior notice at the option of either TCFCU or myself.*

*I agree to abide by all work rules, policies, procedures and applicable State and Federal Laws and regulations.*

*Only the President/CEO may alter or amend any benefit or condition of employment.*

\_\_\_\_\_  
Full name printed

\_\_\_\_\_  
Full Name Signature

\_\_\_\_\_  
Date