



STATE EMPLOYEES CREDIT UNION

INSTRUCTIONS:

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, sex, age, national origin or handicap. The information you provide will become your basic personnel record if you're hired. To facilitate processing, please read and follow instructions carefully and provide full and accurate information in all blanks, even if you submit a separate résumé. TYPE OR PRINT IN INK. Add sheets if necessary.

LAST NAME	FIRST	MIDDLE	DATE OF APPLICATION (MONTH/DAY/YEAR)
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP			BUSINESS PHONE
FORMER NAME(S) WHICH MAY APPEAR ON RECORDS RELATED TO THIS APPLICATION			SOCIAL SECURITY NUMBER
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH AND YEAR _____			DAYTIME MESSAGE PHONE
POSITION DESIRED			PAY EXPECTED
ONLY US CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE US ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			WORK LOCATION OR BRANCH DESIRED
			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
IF UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE THEIR NAMES:			
STATE SPECIFICALLY WHAT PROMPTED THIS APPLICATION (NEWSPAPER AD, REFERRAL AGENCY, ETC.)			BY WHOM WERE YOU REFERRED?

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME and do not have restrictions on my hours and days.

I am available and desire to work PART-TIME (please complete Sections A & B).

A. I am only available for PART-TIME because:

Student Other Job Other(explain) _____

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
FROM							
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS

EDUCATION					
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	SELECT LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT: Account for all employment. Indicate average number of hours worked per week for any position less than full-time. Start with your most recent position and work backward. If you need additional space, continue on a plain sheet of paper and attach it to the application.

COMPANY NAME	TYPE OF BUSINESS	TELEPHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		EMPLOYED (STATE MO./YR.) FROM TO	
NAME OF SUPERVISOR		WEEKLY PAY START	LAST
JOB TITLE AND DESCRIBE YOUR WORK		HOURS/WEEK	MAY WE CONTACT?
REASON FOR LEAVING			
COMPANY NAME	TYPE OF BUSINESS	TELEPHONE	MAY WE CONTACT ? EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		EMPLOYED (STATE MO./YR.) FROM TO	
NAME OF SUPERVISOR		WEEKLY PAY START	LAST
JOB TITLE AND DESCRIBE YOUR WORK		HOURS/WEEK	MAY WE CONTACT?
REASON FOR LEAVING			
COMPANY NAME	TYPE OF BUSINESS	TELEPHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		EMPLOYED (STATE MO./YR.) FROM TO	
NAME OF SUPERVISOR		WEEKLY PAY START	LAST
JOB TITLE AND DESCRIBE YOUR WORK		HOURS/WEEK	MAY WE CONTACT?
REASON FOR LEAVING			
COMPANY NAME	TYPE OF BUSINESS	TELEPHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		EMPLOYED (STATE MO./YR.) FROM TO	
NAME OF SUPERVISOR		WEEKLY PAY START	LAST
JOB TITLE AND DESCRIBE YOUR WORK		HOURS/WEEK	MAY WE CONTACT?
REASON FOR LEAVING			
COMPANY NAME	TYPE OF BUSINESS	TELEPHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		EMPLOYED (STATE MO./YR.) FROM TO	
NAME OF SUPERVISOR		WEEKLY PAY START	LAST
JOB TITLE AND DESCRIBE YOUR WORK		HOURS/WEEK	MAY WE CONTACT?
REASON FOR LEAVING			

EXPLAIN ANY PERIODS OF UNEMPLOYMENT IN THE LAST FIVE (5) YEARS:

HAVE YOU EVER BEEN FIRED? YES NO IF YES, EXPLAIN

CHECK THE MACHINES THAT YOU KNOW HOW TO OPERATE

TYPEWRITER @ _____ WPM 10 KEY CALCULATOR SWITCHBOARD DICTAPHONE

OTHER*

*LIST TYPE OF EQUIPMENT USED _____

SHORTHAND SPEED _____ SPEED WRITING _____ PROGRAMMING LANGUAGES _____

LIST SOFTWARE PROGRAMS IN WHICH YOU ARE PROFICIENT _____

OTHER _____

ATTENDANCE AND PUNCTUALITY INFORMATION

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THIS COMPANY. IS THERE ANYTHING WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU ARE OFFERED A JOB WITH THIS COMPANY? YES NO

IF YES, EXPLAIN _____

ARE YOU BONDABLE? YES NO OR HAVE YOU EVER BEEN BONDED? YES NO

IF YES, GIVE DETAILS _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES NO

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.)

IF YES, EXPLAIN _____

LIST ANY OTHER EXPERIENCE, SKILLS OR OTHER QUALIFICATIONS INCLUDING HOBBIES, WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE INDICATE ANY PRIOR MILITARY SERVICE WHICH YOU WOULD LIKE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT.

ANY ADDITIONAL COMMENTS YOU WISH TO MAKE IN REGARDS TO BEING CONSIDERED FOR EMPLOYMENT

LIST THREE SUPERVISORS FAMILIAR WITH YOUR QUALIFICATIONS WHOM WE MAY CONTACT FOR REFERENCES.

NAME	TELEPHONE	RELATIONSHIP
ADDRESS (CITY,STATE, ZIP)		
NAME	TELEPHONE	RELATIONSHIP
ADDRESS (CITY,STATE, ZIP)		
NAME	TELEPHONE	RELATIONSHIP
ADDRESS (CITY,STATE, ZIP)		

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, or any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written, by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Human Resource Director, or to make any agreement contrary to the foregoing.

I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that information submitted on this application will be verified, and incorrect, incomplete or fraudulent information will be grounds for refusal of or termination from employment. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Continue to the next page to submit your application to the State Employees Credit Union

I certify that all the information contained in the online application is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsifications may result in removal from employment consideration or dismissal. I am authorizing the State Employees Credit Union of New Mexico and its authorized agents permission to verify any job related information given in connection with this application.

I also understand that I will not be allowed to go back and change any information on my online application. In order to make any changes to my online application I must obtain authorization from the Human Resources Department.