



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 resumé. 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			RATE OF PAY DESIRED
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
IF UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
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
FROM	<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
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 AND MAY BE SUBJECT TO CHANGE.

EDUCATION					
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	YEAR	CIRCLE LAST GRADUATED ATTENDED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, OTHER			1 2 3 4	<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				START PAY	LAST PAY		
STATE 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				START PAY	LAST PAY		
STATE 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				START PAY	LAST PAY		
STATE 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				START PAY	LAST PAY		
STATE 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				START PAY	LAST PAY		
STATE 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 SEPARATED FROM SERVICE INVOLUNTARILY? YES NO IF YES, EXPLAIN

CHECK THE MACHINES THAT YOU KNOW HOW TO OPERATE

10 KEY CALCULATOR

OTHER*

*LIST TYPE OF EQUIPMENT USED _____

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 _____

LIST ANY OTHER EXPERIENCE, SKILLS OR OTHER QUALIFICATIONS 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 OUR QUALIFICATIONS WHOM WE MAY CONTACT FOR REFERENCES.

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

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

NAME	TELEPHONE ()	RELATIONSHIP
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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.

APPLICANT SIGNATURE _____ DATE _____

STATE EMPLOYEES CREDIT UNION OF NEW MEXICO

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize the State Employees Credit Union of New Mexico (SECU of NM) or its agents to conduct an appropriate background investigation including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust. I authorize all persons who may have information relevant to this background investigation (i.e. work record, reputation, financial and credit status) to disclose it to SECU of NM or its agents. Please provide any and all medical, physical, and psychological records or reports, including all confidential or privileged information, and copies of same, if requested. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records.

I further authorize that a photocopy of this authorization may be considered as valid as an original. I agree that any information obtained by SECU of NM or its agents pursuant to this authorization shall become and remain the property of SECU of NM, and I hereby waive any right to receive a copy of the information provided to SECU of NM in connection with my application for employment.

I hereby release you, your organization or others from any liability of damage which may arise from furnishing the information requested above. The execution of this release is voluntary. However, if SECU of NM is unable to secure the requested information, I understand that it may result in a lack of further processing of the application for employment.

Signature (Full Name)

Date

Print Full Name

Other Names Used

Current Address

City

State

Zip

Telephone Number

Witness Signature

Date

Use of Credit Report for Employment Purposes Authorization
To be signed as a Condition of Employment

By completing and signing this document, I agree that State Employees Credit Union of New Mexico may obtain a consumer report or other information regarding me and may consult its own files for my credit report. I understand that this information will be used only for employment purposes.

Please fill out this document completely. **NOTE: Failure to complete this document will remove you from further consideration for employment.**

Print Applicant's Last Name, First Name, Middle Initial

Social Security Number

Current Street Address

City, State, Zip Code

Home Area Code and Telephone Number

Applicant's Signature

Date

Witness Signature