

In the event of emergency, notify:

Name _____ Relationship _____ Telephone # Work: _____ Home: _____
Address _____ City _____ State _____ Zip _____

If there is any change as to whom you wish to notify in the event of emergency, you must notify your immediate supervisor after employment.

EMPLOYMENT HISTORY – PLEASE BEGIN WITH PRESENT OR MOST RECENT EMPLOYER

1. Company:	Address:	Phone:	
Employed From:	To:	Starting Salary: Per	Present / Final Salary: Per
Your Title:		How did you obtain your position?	
Nature of your work:			
For whom did you work?		His/Her Title:	
Reason for leaving:			

2. Company:	Address:	Phone:	
Employed From:	To:	Starting Salary: Per	Present / Final Salary: Per
Your Title:		How did you obtain your position?	
Nature of your work:			
For whom did you work?		His/Her Title:	
Reason for leaving:			

3. Company:	Address:	Phone:	
Employed From:	To:	Starting Salary: Per	Present / Final Salary: Per
Your Title:		How did you obtain your position?	
Nature of your work:			
For whom did you work?		His/Her Title:	
Reason for leaving:			

Please circle the number of those employers you do not wish contacted: 1, 2, 3, 4, and 5
REFERENCES (not relatives) PHONE OCCUPATION

1.

2.

3.

List names of persons you know who are employed in credit unions or by the WV Central Credit Union

Additional information about yourself, which will aid in evaluating your career interests and abilities:

A background check may be performed on each applicant considered for employment (this might include the following: prior employment, personal references, criminal activity, credit checks, bondability, etc).

I hereby certify that the information contained on this application is true and accurate. I authorize the WV Central Credit Union to contact any of my schools or former employers, except those I have indicated, for a complete account of their experience with me. I understand that if I am employed, any misrepresentation of facts on this application form is sufficient cause for dismissal. I also understand that I may be asked to complete a medical examination before employment.

This agreement does not, of course, bind either part to any specific period of employment.

Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewers remarks: _____

Interviewed by: _____

Starting position: _____ Starting date: _____

Hours: _____ Salary: _____ Other Arrangements: _____