

This application **will not** be accepted
unless fully completed and signed.
All applications must be in ink.



417 High Street, PO Box 978, Frankfort, KY 40602-0978, Ph 502-564-4775

Applicants are considered for
employment without regard to race,
color, creed, religion, national origin,
gender, sexual orientation, gender
identity, ancestry, age, disability,
political affiliation, genetic
information, or veteran status.

Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(Please print or type)

PERSONAL DATA

First Name	Middle Name	Last Name
Street Address		Home Phone
City	State	Zip Code
		Business Phone
Have you ever been employed here before? Yes No If yes, give date and position _____		
Are you over 18 years old? Yes No		Are you legally eligible for employment in the United States? Yes No
Rate of Pay expected _____		Position Desired _____
Are you currently employed? Yes No		May we contact your present employer? Yes No
On what date would you be available for work? _____		Do you have a valid driver's license? Yes No
Have you ever been convicted of a criminal offense, including misdemeanors or felonies? <i>(Do not include convictions that were sealed, eradicated or expunged, or convictions that resulted in referral to a diversion program. Note: An affirmative answer will not necessarily result in disqualification for employment.)</i> Yes No If yes, please explain: _____		
Can you type? Yes No Please state other special skills or training _____		
Do you have PC skills? Yes No Please list software expertise _____		
E-mail Address _____		
State any additional information you feel may be helpful to us in considering your application		
Have you ever been covered under a fidelity/insurance bond? Yes No		Have you ever had a fidelity/insurance bond denied, revoked, or modified? Yes No If yes, please explain _____
Referral Source		List relatives employed by Commonwealth Credit Union and where they work

EDUCATION

Level	School Name and Location	Course of Study	No. of Years Completed	Degree or Diploma
High School				
College				
Technical				
Other (Specialized Training, apprenticeship, adult education, vocational, etc.)				

EMPLOYMENT HISTORY

Name of Employer	Telephone
Address	Employed From To
Title of Position	Gross Monthly Pay
Job Description	Name of Supervisor
	Reason for Leaving

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Please indicate any employers you do not wish us to contact

If you require additional space, please continue on a separate sheet of paper.

REFERENCES

Name	Relationship	Address	Telephone
Name	Relationship	Address	Telephone
Name	Relationship	Address	Telephone

SIGNATURE (This section must be completed)

The information provided in the Application for Employment is true and complete to the best of my knowledge. Any misrepresentation or omission of fact on this application or during an interview will justify negative consideration for employment or, if employed, my dismissal. I understand that accepting an offer of employment does not constitute a contractual obligation upon Commonwealth Credit Union to continue to employ me in the future. I agree and understand that my employment is terminable-at-will so that both the Credit Union and I remain free to choose to end our work relationship at any time, for any reason.

Furthermore, I understand that, per the separate PEER/PERSONA Report Authorization, Commonwealth Credit Union and/or its agents may procure a consumer report and/or an investigative consumer report in connection with my application for employment and throughout the course of my employment. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith.

Date

Signature



PEER/PERSONA REPORT AUTHORIZATION

I understand that Commonwealth Credit Union will pull a PEER (Pre-employment Evaluation Report)/PERSONA report for employment purposes only. I hereby authorize them to do so, as indicated by my signature below. Before any adverse action is taken, based in whole or in part on the report, I understand the Credit Union will provide me with a copy of the report and a description, in writing, of my rights as a consumer, as prescribed by the Federal Trade Commission, under Section 609(c)(3) of the Fair Credit Reporting Act.

Applicant's Signature

Social Security Number

Date

Address (Line 1)

Address (Line 2)

City, State & ZIP



417 High Street, PO Box 978, Frankfort, KY 40602-0978
Business Phone (502) 564-4775 Fax (502) 564-7205

EMPLOYMENT REFERENCE REQUEST

Please print reference name and address below:

I was employed by your organization from _____
to _____. I have applied for employment with
Commonwealth Credit Union and hereby permit disclosure of the
information requested below. I release the named employer, and
their agents and employees, from any liability or claims I may have
which arise or result from any reference provided pursuant to this
authorization or any authorized disclosure thereof.

(Print Name and Social Security Number)

(Signature and Date)

FOR EMPLOYER RESPONSE ONLY

Employed From: _____ To: _____ Title or position _____

Please comment on above-named person, in the following categories:

Attendance _____

Dependability _____

Initiative _____

Quality of Work _____

Cooperation _____

Other _____

Reason for leaving employment:

Voluntary _____

Permitted to Resign _____

*Discharged _____

*Other _____

*Please provide details _____

If the answer to the following questions is YES, please provide details below*:

YES

NO

While employed by your company, was the individual subject to any disciplinary action,
legal proceeding or customer complaint?

Is there reason to believe that during their employment, the individual violated any
provision of any securities or regulations?

Is there any reason why you would not rehire this individual?

Do you have any reason to doubt this individual's integrity?

*Please provide details _____

(Please return this form to the Human Resource Department, at the address above. Any information you provide will be treated confidentially.)

Authorized Signature

Date

Title



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VOLUNTARY AFFIRMATIVE ACTION INFORMATION

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider applicants for positions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS. NOT FOR INTERVIEW PURPOSES. FILE SEPARATE FROM APPLICATION.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we request that you complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide the information requested will not subject you to any adverse personnel decision or action.

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____
Last First Middle

Address: _____
Street City State ZIP

Sex: _____ Male _____ Female Position Applied For: _____ Date: _____

REFERRAL SOURCE

_____ Current Employee _____ Walk-In
_____ Relative _____ School/College/University
_____ Government Employment Agency _____ Advertisement in _____
_____ Private Employment Agency _____ Other _____

Name of person who referred you, if applicable _____

Please select one of the following Equal Employment Opportunity Identification Groups:

_____ Hispanic or Latino _____ Asian (Not Hispanic or Latino)
_____ White (Not Hispanic or Latino) _____ American Indian or Alaska Native
(Not Hispanic or Latino)
_____ Black or African American _____ Two or More Races (Not Hispanic or Latino)
(Not Hispanic or Latino)
_____ Native Hawaiian or Other Pacific Islander
(Not Hispanic or Latino)

Check if any of the following are applicable:

_____ Veteran _____ Vietnam Era Veteran _____ Disabled Veteran
_____ Branch of Military _____ Campaign Expedition
_____ Individual with a Disability