



Application for Employment

Equal Opportunity Employer/Affirmative Action Employer



Application for Employment

(revised 09/01/2011)

FirstLight Federal Credit Union

From its inception FirstLight Federal Credit Union has been committed to the credit union ethos of “members helping members.” Its reputation as a community leader can be seen by the numerous donations and sponsorships it participates in, both in El Paso, TX and Las Cruces, NM. Among its competing peers it has become an ideal of what a financial institution should be. Its focus on service and high quality member interactions is matched only by its enthusiasm to help members achieve financial success.

FirstLight prides itself as an Employer of Choice. It offers an excellent benefits package and competitive pay. Employees at FirstLight go above and beyond in meeting members’ expectations and put forth great effort in earning and maintaining member trust. These high values and standards are part of FirstLight’s rich tradition and history.

A Word from The Human Resource Department

The Human Resource Department would like to thank you for your interest in working at FirstLight Federal Credit Union.

We will review your application to determine if there is a match with our staffing needs. If your experience and qualifications fit our needs, we will contact you directly to set up any assessments and/or interviews. If you do not hear from us within 90 days please reapply and fill out a new application for employment. **No phone calls, please.**

All successful candidates must pass a series of screening checks to include a drug and alcohol test, credit check, bondability check, criminal background check, reference check, and complete a training program.

If an offer of employment is made, the selected candidate must submit to a drug and alcohol test no later than 36 hours from the date and time of the offer.

Please download our employment application and return by regular mail to:

FirstLight Federal Credit Union
Attn HR
PO Box 24901
El Paso, TX 79914

A completed application is required for consideration.

<http://www.firstlightfcu.org/jobs.sstg>

FirstLightFCU is an Equal Opportunity Employer/Affirmative Action Employer.
FirstLightFCU is an E-Verify Participant.

Sincerely

Human Resource Department



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FirstLight Federal Credit Union is an Equal Opportunity Employer and does not discriminate in its hiring practices on the basis of any protected class. The Credit Union abides by all state and federal laws. The information obtained on this application will be used for lawful purposes only.

Background Information

| | | | | |
|--|--|--------------------|---------|-------------|
| Name (Last) | | | (First) | (Middle) |
| E-Mail | | Home Phone | | Other Phone |
| Home Address (Street) | | (City) | (State) | (Zip) |
| Previous Home Address (Street) | | (City) | (State) | (Zip) |
| Have you ever been convicted of, deferred adjudication or pled guilty to any type of crime or offense other than minor traffic violations? A conviction record will not necessarily be a bar to employment, as various factors will be taken into consideration. | | | | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", complete the following: | | | | |
| Date | | Place | | |
| Court | | Type of Offense | | |
| Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Military Service Branch | | Active Duty (From) | | (To) |

Educational Background (Proof of the highest level of education may be requested if offered employment.)

| | | | | |
|---|--|----------|--|-----------------------|
| High School/Equivalent | | Location | | Major Course of Study |
| Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO Degree(s) obtained: | | | | |
| University/College | | Location | | Major Course of Study |
| Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO Degree(s) obtained: | | | | |
| Graduate School | | Location | | Major Course of Study |
| Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO Degree(s) obtained: | | | | |
| Vocational School | | Location | | Major Course of Study |
| Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO Degree(s) obtained: | | | | |



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Job Information

| | | |
|---|--|------------------------------|
| What position are you applying for? (You may only list one position per application. If you wish to be considered for more than one position you will need to fill out a new application for each position. For recruitment purposes applications are kept active for 90 days.) | | |
| Position applying for: | | |
| For what location are you applying for? <input type="checkbox"/> El Paso, TX <input type="checkbox"/> Las Cruces, NM | | |
| What type of work are you seeking (mark all that apply)? | | |
| Full Time (40 Hours) <input type="checkbox"/> Part Time (30 Hours) <input type="checkbox"/> Reserve (20 Hours) <input type="checkbox"/> | | |
| When are you available to start? | | What is your desired salary? |
| Other than English, what other languages do you speak, read, and write? | | |
| _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write | | |
| _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write | | |
| Please indicate the level of proficiency for each skill below. | | |
| Computers <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | Outlook <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | |
| Data Entry <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | Microsoft Word <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | |
| Cash Handling <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | Excel <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | |
| Ten Key <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | PowerPoint <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | |
| Other _____ <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | Other _____ <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | |
| Other _____ <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | Other _____ <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert | |
| Have you ever been employed at FirstLight? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| If "YES", please provide dates of employment and last position held. | | |
| (From) | (To) | Last Position Held |
| Have you ever been terminated or forced to resign from your job? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES" explain. | | |
| | | |
| Do you have relatives that work at FirstLight? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| If "YES", please provide name(s) and relationship. | | |
| Name | Relationship | |
| | | |



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Employment History (This section MUST be completed. Attach a resume if you have additional employment history information. Start with your current or most recent employer and include any gaps in employment.)

| | | | |
|------------------------------|------|--|-------|
| Name of Employer and Address | | May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | Supervisor and Phone Number | |
| Job Title | | Duties | |
| Dates (From) | (To) | Salary (Begin) | (End) |
| Reason for Leaving | | | |
| Name of Employer and Address | | May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | Supervisor and Phone Number | |
| Job Title | | Duties | |
| Dates (From) | (To) | Salary (Begin) | (End) |
| Reason for Leaving | | | |
| Name of Employer and Address | | May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | Supervisor and Phone Number | |
| Job Title | | Duties | |
| Dates (From) | (To) | Salary (Begin) | (End) |
| Reason for Leaving | | | |
| Name of Employer and Address | | May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | Supervisor and Phone Number | |
| Job Title | | Duties | |
| Dates (From) | (To) | Salary (Begin) | (End) |
| Reason for Leaving | | | |



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Acknowledgement

I certify that all statements and representations made in this application are true and correct and I have withheld nothing which would if disclosed, adversely affect my application. I understand that FirstLight Federal Credit Union (FLFCU) relies upon such statements in making its employment decisions and I authorize FLFCU to investigate all such statements contained therein. I understand and agree that any misrepresentation will be sufficient cause for cancellation of the application and/or separation from FLFCU if such misrepresentation is discovered at any time after my employment by FLFCU. By virtue of my signature below, I acknowledge acceptance of the following statement

I have been advised under the Fair Credit Reporting Act, Public Law 91-508, that in connection with my application for employment, an inquiry may be made to third parties which will provide applicable information concerning my prior employment, character, reputation, credit history, and mode of living. I understand that upon written request, additional information as to the nature and scope of the consumer and investigative consumer reports will be provided to me. I understand that FLFCU requires, as a condition of employment that I submit to testing for alcohol and/or illegal drugs.

I hereby authorize FLFCU to contact all relevant employers, individuals, and educational institutions for reference purposes, and release FLFCU from any and all liability arising from the employer's negligence, arising from the employer's verification of my prior employment history, criminal record, references and any other background information. Additionally, I authorize FLFCU to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party with legal or proper interest. I release from any and all liability, including liability arising from negligence, all persons and entities who supply FLFCU with information pertaining to my prior employment history, criminal record, references and any other background information. Further, if I am employed by FLFCU, I agree as a condition of continued employment to otherwise fully cooperate with any internal investigation conducted by FLFCU.

Nothing contained in this employment application shall constitute a contract of employment, and I understand and agree that if I am employed, such employment will be "**at will**". I understand that any oral statements made to the contrary are not authorized by FLFCU management and should not be relied on by me in the event of my employment. I will comply with all rules and regulations as set forth in FLFCU's Policy Manual or other communications distributed to all employees. I hereby acknowledge that I voluntarily sign and have read and understand the above statements.

Signature of Applicant

Date



Background Release Form
(revised 09/01/2011)

In connection with this application for employment, I understand that consumer and investigative consumer reports may be requested now, and in the future as terms of my continued employment. These reports may include information pertaining to my character, education, work history, credit history, motor vehicle records, and criminal information contained within any government agency, Federal, State or Local. Some counties require date of birth to gather any requested criminal information. This information shall include, but not be limited to, verifying any statements made on my application.

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release any information they may have about me to FirstLight Federal Credit Union or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

If required by FirstLight Federal Credit Union, I specifically authorize a credit report to be obtained on myself.

I recognize and agree that a copy or facsimile of this document shall be valid as the original. I recognize and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied based on information contained in these reports, and to receive, upon written request, a disclosure of public record information as well as the nature and scope of the reports, and the name and contact information for the agency making the reports.

CONFIDENTIAL INFORMATION USED FOR BACKGROUND CHECKING PURPOSES ONLY.
THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM YOUR APPLICATION.

| | | | |
|--|-------------|-----------|-------------------------|
| Print First Name | Middle Name | Last Name | Social Security Number |
| Print any other names you may have used. | | | Driver's License Number |
| State of Issue | | | |
| Date of Birth (This is required for identification purposes <u>only</u> .) | | | |
| Current Address (Street) | | (City) | (State) (Zip) |
| Signature | | Date | |



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Employment References

Please submit three (3) business related references with current contact information. Make sure to provide a complete address and a phone number. References should be able to comment on your job performance and work behaviors. (Ex: Previous Employers, Managers, Supervisors, Co-Workers).

| | | | |
|--------------------------|--------|----------|-------|
| Applicant's Printed Name | | | |
| Company | | | |
| Name | | | |
| Title | | | |
| Address (Street) | (City) | (State) | (Zip) |
| Phone | | | |
| Company | | | |
| Name | | | |
| Title | | | |
| Address (Street) | (City) | (State) | (Zip) |
| Phone | | | |
| Company | | | |
| Name | | | |
| Title | | | |
| Address (Street) | (City) | (State) | (Zip) |
| Phone | | | |



EEO-1 Voluntary Self Identification Form

(revised 09/01/2011)

The Equal Employment Opportunity Commission (EEOC) requires organizations with (1) 100 or more employees; or (2) 50 or more employees and \$50,000 or more in federal contracts to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

| | |
|--|--|
| Name (Print): | Date Completed: |
| Position applied for: | |
| Gender (Mark One): Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.) | |
| | Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| | White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa. |
| | Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa. |
| | Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. |
| | Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| | American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. |
| | Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races. |
| | I do not wish to self-identify. I decline to participate. |
| <p>How did you hear about this position?</p> <p> <input type="checkbox"/> EP Times <input type="checkbox"/> LC Sun News <input type="checkbox"/> Referral <input type="checkbox"/> FirstLight Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Head Hunter <input type="checkbox"/> Monster.com <input type="checkbox"/> Careerbuilder.com <input type="checkbox"/> Internet Other <input type="checkbox"/> TX Workforce <input type="checkbox"/> NM Workforce <input type="checkbox"/> Job Fair <input type="checkbox"/> Previous Employee <input type="checkbox"/> Other </p> | |

Please return to Human Resources

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture |

Office of Deputy Administrator - GIPSA
Washington, DC 20250

202-720-7051