

This company and its clients do not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, citizenship, sex, veteran status, disability, ancestry, or on the basis of age of persons whose age is forty and above. No question on this application is intended to secure information to be used for any such unlawful purpose. The company will not be able to offer or continue employment unless an applicant's background meets set hiring standards. If there is not enough room to fully disclose all requested information on this form, please respond on a separate sheet of paper.

**BACKGROUND INFORMATION (Please use ink and print)**

**E-MAIL:**

NAME (Last)		(First)	(Middle)
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	
		Home	Work
CURRENT ADDRESS	(Street)	(City)	(State) (Zip)
1st PRIOR ADDRESS	(Street)	(City)	(State) (Zip)
2nd PRIOR ADDRESS	(Street)	(City)	(State) (Zip)
IF PREVIOUSLY EMPLOYED UNDER OTHER NAMES PLEASE LIST		Have you ever been convicted of 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.	
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", complete the following:	
MILITARY SERVICE BRANCH	ACTIVE DUTY (Dates)	DATE	PLACE
	(From) (To)		
RESERVE OBLIGATION		COURT	TYPE OF OFFENSE
ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		If you are now employed, may we contact your present employer? <input type="checkbox"/> NO <input type="checkbox"/> YES	

**EDUCATION - You will be required to submit proof of the highest level of education if offered employment**

Name	Address	City	State	Major Course or Subject	Circle last year completed	Degree/G.P.A.
HIGH SCHOOL or PREPARATORY					1 2 3 4	
BUSINESS SCHOOL					1 2 3 4	
COLLEGE					1 2 3 4	
GRADUATE SCHOOL					1 2 3 4	

What languages, other than English, do you speak \_\_\_\_\_ read \_\_\_\_\_ write \_\_\_\_\_

List scholastic honors, offices held, and activities in high school.

\_\_\_\_\_

\_\_\_\_\_

List scholastic honors, offices held, and activities in college.

\_\_\_\_\_

\_\_\_\_\_

Are you planning to pursue further studies?  YES  NO  DAY SCHOOL  NIGHT SCHOOL

If so, when, where and what courses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_ LAST NAME, FIRST NAME, MIDDLE INITIAL \_\_\_\_\_ DATE APPLIED \_\_\_\_\_ MONTH, DATE, YEAR \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list last five positions held with current or latest employment first. List ALL employers and include military service.

<b>Name and Address of Employer</b> _____ _____ Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary _____ Beginning: _____ Ending: _____	<b>Job Title and Duties</b> _____ _____ _____	<b>Reason For Leaving</b> _____ _____
<b>Name and Address of Employer</b> _____ _____ Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary _____ Beginning: _____ Ending: _____	<b>Job Title and Duties</b> _____ _____ _____	<b>Reason For Leaving</b> _____ _____
<b>Name and Address of Employer</b> _____ _____ Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary _____ Beginning: _____ Ending: _____	<b>Job Title and Duties</b> _____ _____ _____	<b>Reason For Leaving</b> _____ _____
<b>Name and Address of Employer</b> _____ _____ Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary _____ Beginning: _____ Ending: _____	<b>Job Title and Duties</b> _____ _____ _____	<b>Reason For Leaving</b> _____ _____
<b>Name and Address of Employer</b> _____ _____ Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary _____ Beginning: _____ Ending: _____	<b>Job Title and Duties</b> _____ _____ _____	<b>Reason For Leaving</b> _____ _____

If you ever worked in a job similar to that for which you are applying, list it here if it is not listed above. Ask for separate sheet if you need more space.

<b>Name and Address of Employer</b> _____ _____ Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary _____ Beginning: _____ Ending: _____	<b>Job Title and Duties</b> _____ _____ _____	<b>Reason For Leaving</b> _____ _____
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**UNEMPLOYMENT RECORD**

Account for all periods of unemployment of 60 days duration or more during the last seven years.				
From:		To		State What You Were Doing
MO	YEAR	MO	YEAR	
MO	YEAR	MO	YEAR	
MO	YEAR	MO	YEAR	
MO	YEAR	MO	YEAR	

**JOB SPECIFICATIONS/INFORMATION**

Have you ever been disciplined or discharged for fighting, violent or inappropriate physical or verbal behavior, insubordination, theft or related offense? If "Yes" explain.

TYPE OF WORK APPLYING FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		DATE AVAILABLE	SHIFT AVAILABLE
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF "YES" WHEN	SALARY REQUIREMENT
Have you ever been employed here or at any affiliated companies before?	<input type="checkbox"/> NO <input type="checkbox"/> YES	(From) DATE (To)	COMPANY
Have you ever applied here before?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF "YES" WHEN	
Do you now or have you ever had relatives working here or at any affiliated companies?	<input type="checkbox"/> NO <input type="checkbox"/> YES	NAME	RELATIONSHIP
Do you know anyone who works here or at any affiliated companies?	<input type="checkbox"/> NO <input type="checkbox"/> YES	NAME	RELATIONSHIP

What prompted (or caused) you to apply? (Check one)

<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> REFERRED BY EMPLOYEE
<input type="checkbox"/> PERSONAL INITIATIVE (Walk in)	<input type="checkbox"/> CAMPUS	<input type="checkbox"/> REFERRED BY NON-EMPLOYEE
<input type="checkbox"/> INTERNET JOB BOARD _____ SPECIFY		<input type="checkbox"/> OTHER _____ SPECIFY

For what category of work are you applying?

<b>JOB CATEGORY</b>	<b>EXPERIENCED</b>	<b>JOB CATEGORY</b>	<b>EXPERIENCED</b>
<input type="checkbox"/> MANAGERIAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CALL CENTER	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SECURITY	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SECRETARIAL (See Below)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> TELLER	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CLERICAL (See Below)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OTHER _____ SPECIFY	<input type="checkbox"/> YES <input type="checkbox"/> NO

For what specific position and location are you applying? \_\_\_\_\_  El Paso  Las Cruces

Indicate your specific job skills:

<input type="checkbox"/> Adding Machine (10 Key)	<input type="checkbox"/> Keyboarding _____ wpm	<input type="checkbox"/> Computer Equipment _____ specify
<input type="checkbox"/> Proof Machine	<input type="checkbox"/> Stenotype _____ wpm	<input type="checkbox"/> Dictating Equipment _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Statistical Typing _____	<input type="checkbox"/> Data Entry _____ strokes/type machine
<input type="checkbox"/> Cash Register	<input type="checkbox"/> Word Processing _____ type machine	<input type="checkbox"/> PBX
<input type="checkbox"/> Teletype	<input type="checkbox"/> Shorthand _____ wpm	<input type="checkbox"/> Other _____ specify

Rate your expertise in the following functions:

Microsoft Word _____	Powerpoint _____
Excel _____	Access _____
Outlook _____	Project Mgmt _____

Please list below three **business** references (not relatives), who you have known at least one year.

Name	Business Name	Address	Phone Number

Write a short paragraph in the space below, stating what your career goals are:

NAME \_\_\_\_\_ LAST NAME, FIRST NAME, MIDDLE INITIAL \_\_\_\_\_ DATE APPLIED \_\_\_\_\_ MONTH, DATE, YEAR \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

**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 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 the Company. By virtue of my signature below, I acknowledge acceptance of the following statement:

I hereby authorize FLFCU to obtain an investigative consumer report, if applicable, in connection with my application for employment. The Fair Credit Reporting Act, Public Law 91-508, requires that we advise you that in connection with your application for employment that an inquiry may be made which will provide applicable information concerning your 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 investigation will be provided to me. I further understand that FLFCU may require, 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, including 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.

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF APPLICANT

**APPLICANT DO NOT WRITE BELOW THIS LINE**

**ACTIONS TAKEN:**

**DATE:**

**REASON:**

Reviewed/Referred to Supervisor

\_\_\_\_\_

N/A

Reviewed/NOT Referred to Supervisor

\_\_\_\_\_

Interviewed/NOT Hired

\_\_\_\_\_

*Interviewed By:*

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

**ACTIONS TAKEN:**

**DATE:**

**REASON:**

Reviewed/Referred to Supervisor

\_\_\_\_\_

N/A

Reviewed/NOT Referred to Supervisor

\_\_\_\_\_

Interviewed/NOT Hired

\_\_\_\_\_

*Interviewed By:*

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

**ACTIONS TAKEN:**

**DATE:**

**REASON:**

Reviewed/Referred to Supervisor

\_\_\_\_\_

N/A

Reviewed/NOT Referred to Supervisor

\_\_\_\_\_

Interviewed/NOT Hired

\_\_\_\_\_

*Interviewed By:*

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

## Background Release Form

In connection with this application for employment, I understand that an investigative consumer report may be requested now, and in the future as terms of my continued employment. This report 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 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 this report, and to receive, upon written request, a disclosure of public record information as well as the nature and scope of the investigative report.

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**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

\_\_\_\_\_  
Drivers License Number              State of Issue

\_\_\_\_\_  
Date of Birth (This is required for identification purposes only.)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Signature    Date



## EMPLOYMENT REFERENCES

In order to properly conduct reference checks, please list three (3) business related, not personal, references with current contact information of individuals who will be able to comment on your job performance (Ex: Previous Employers, Managers, Supervisors, Co-Workers).

*All information provided must be complete in order to properly process.*

1. Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

2. Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

3. Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_



**AFFIRMATIVE ACTION SURVEY**

Provision of this information is voluntary and refusal to do so will not subject any applicant to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government. Data reported will not identify any specific individual.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Race/Ethnicity & Gender Information:**

**Gender:**

Male     Female

**Check One:**

Hispanic or Latino     Not Hispanic or Latino

**Check One: (only if Not Hispanic or Latino)**

Asian     Black or African American     Native American or Alaska Native

White     Two or More Races     Native Hawaiian or Pacific Islander

I do not wish to self-identify. I decline to participate.

**How did you hear about this position?**

EP Times     LC Sun News     Internet     Website     Internal     Job Fair

Staffing Agency     Head Hunter     Referral     Walk-In     Newspaper     Other

**Please forward this completed form to the Human Resources Department.**