



GENERAL INFORMATION

Credit Union Name and Address (the "Credit Union") _____

DATE _____

PERSONAL INFORMATION

Applicant (Full Legal Name) _____

Address (number, street, city, province, postal code) _____

Telephone No. (Residential) _____

(Business) _____

Are you of legal working age? Yes No

Are you legally entitled to work in Canada? Yes No

Credit Union employees are required by regulatory authority to be bonded. Are you eligible to be bonded? Yes No

If you have any physical or mental limitations, do you require accommodation in order for you to perform your job?

No Yes (If Yes, please explain.) _____

EMPLOYMENT DESIRED See resumé attached.

Type of Employment Full-time Part-time (Specify hours and days): _____

Position Applied For _____

Salary Expected

\$ _____

Annually Hourly

Location(s) Preferred _____

Date Available _____

INFORMATION RELATED TO POSITION APPLIED FOR (Complete only if information required for position applied for.) See resumé attached.

Are you related to a current employee or director of the Credit Union? Yes No

(If Yes, please specify name, department, branch.) _____

Do you have a valid BC driver's licence? Yes No

Languages:

English Spoken Written

French Spoken Written

Other _____ Spoken Written

Other _____ Spoken Written

Other _____ Spoken Written

Computer Skills:

Yes No Banking System Software (specify) _____

Yes No Word Processing Software (specify) _____

Yes No Spreadsheet Software (specify) _____

Yes No Other Equipment/Software (specify) _____

Typing Speed (wpm) _____

Data Entry Speed _____

EDUCATION AND TRAINING See resumé attached.

TYPE	NAME OF INSTITUTION	MAJOR SUBJECTS	DIPLOMA OR DEGREE COMPLETED	DATE COMPLETED
Secondary School				
College				
University				
Professional Designations, Diplomas, or Licenses				
Other Training				

BUSINESS/PROFESSIONAL REFERENCES See resumé attached.

	NAME	COMPANY	POSITION OR RELATIONSHIP	YEARS KNOWN	TELEPHONE NO
1					
2					
3					

EMPLOYMENT HISTORY See resumé attached.**Most Recent Position**

Date of Employment From: (mmm/yyyy) To: (mmm/yyyy) Salary Received
 \$ Annually Hourly

Business Name and Address Telephone No.

Position Held Immediate Supervisor's Name

Type of Business Reason for Leaving

Job Responsibilities

Previous Position

Date of Employment From: (mmm/yyyy) To: (mmm/yyyy) Salary Received
 \$ Annually Hourly

Business Name and Address Telephone No.

Position Held Immediate Supervisor's Name

Type of Business Reason for Leaving

Job Responsibilities

EMPLOYMENT HISTORY (continued)**Previous Position**

Date of Employment From: (mmm/yyyy)	To: (mmm/yyyy)	Salary Received
		\$ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly
Business Name and Address	Telephone No.	
Position Held	Immediate Supervisor's Name	
Type of Business	Reason for Leaving	
Job Responsibilities		

Previous Position

Date of Employment From: (mmm/yyyy)	To: (mmm/yyyy)	Salary Received
		\$ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly
Business Name and Address	Telephone No.	
Position Held	Immediate Supervisor's Name	
Type of Business	Reason for Leaving	
Job Responsibilities		

Previous Position

Date of Employment From: (mmm/yyyy)	To: (mmm/yyyy)	Salary Received
		\$ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly
Business Name and Address	Telephone No.	
Position Held	Immediate Supervisor's Name	
Type of Business	Reason for Leaving	
Job Responsibilities		

CERTIFICATION

I certify that the information given in this Application, including my resumé, covering letter, or any other supporting materials provided by me is true and complete to the best of my knowledge. I understand and agree that any false statement(s) or the inability to be bonded will disqualify me from being hired or, if offered employment, will be sufficient cause for my dismissal.

I consent to the Credit Union, or its agents or representatives, contacting the references listed on this Application or provided by me.

X

Applicant Signature

Date