



## MARSHFIELD MEDICAL CENTER CREDIT UNION

### APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our members and contributing to the financial success of the organization, its members, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print neatly.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number		Alternate Phone Number	Email

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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#### GENERAL INFORMATION

1. Have you ever used another name?..... ☐ Yes ☐ No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?..... ☐ Yes ☐ No
  - a. If yes to either of the above, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever worked for this company before?..... ☐ Yes ☐ No
  - a. If yes, please give dates and position: \_\_\_\_\_
4. Do you have friends and/or relatives working for this company?..... ☐ Yes ☐ No

a. If yes, name(s) and relationship(s): \_\_\_\_\_

5. On what date are you available to begin work? \_\_\_\_\_

6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

7. Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary

8. If hired, can you present evidence of your identity and legal right to work in this country?.....☐ Yes ☐ No

9. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....☐ Yes ☐ No

a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

#### **BUSINESS AND PROFESSIONAL REFERENCES**

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

**APPLICANT STATEMENT AND AGREEMENT**

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

\_\_\_\_\_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.**

**Signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_



*Marshfield Medical Center Credit Union*

**Please also read before signing. If you have any questions regarding this statement, please ask them of any interviewer before signing.**

In the event of my employment with this organization, I will comply with all the rules and regulations as set forth in the organization's policy manual or other communications distributed to staff. I understand that such employment, depending upon the requirements of the position, may be conditioned upon a favorable health evaluation, which may include a physical examination by a doctor selected by the organization and to which I hereby assent. I further agree to complete all necessary forms in that regard. Additionally I authorize the organization to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party with a legal and proper interest.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand this falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization. I agree that my employment and compensation can be terminated, with or without cause and with or without notice at any time, at the option of either the organization or myself. This is not a contract of employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand that past employers, educational institutions, and where appropriate, the military will be contacted to verify references.

**As part of my application for employment at Marshfield Medical Center Credit Union, I hereby authorize a Credit Bureau Investigation.**

**For reference purpose,**

- ☐ You may contact my present employer.
- ☐ You may not contact my present employer.

**I hereby acknowledge that I have read the above statement and understand the same.**

**Applicant's Signature:**

**Date:**

**Social Security Number:**

**Date of Birth:**