

# CoastHills Federal Credit Union

## Application for Employment

Please submit to any branch or mail to: CoastHills, Attention Human Resources, P.O. Box 200, Lompoc, CA 93438-0200

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin, ancestry, age, disability, marital status, source of income, class, religion, physical characteristics, political belief as prohibited by Federal or State laws. No information on this application will be used for the purpose of unlawful discrimination.

Please read the entire form before you begin filling it out. Answers should be typed or carefully printed in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. Answer all questions, indicating "None" where applicable. This application must be completed in its entirety before any offer of employment may be considered.

P E R S O N A L	Full name: _____				
	Last	First	Middle Initial		
	Current Mailing Address (Street or P.O. Box) _____		City	State	Zip Code
	Home Telephone: (        ) _____		e-mail address: _____		
	What telephone number may we contact you during CoastHills business hours? _____				
	Have you ever worked under any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", please list _____				
	Social Security Number    —    —    _____				
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No", you may be required to provide authorization to work.				
Are you legally eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "no", appropriate documentation to work will be required.					
Have you worked for CoastHills before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", when and in what position: _____					
List any relatives employed by CoastHills and his/her relationship to you: _____					

P O S I T I O N	For which position are you applying? _____			
	Are you able to perform the essential functions of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Please refer to Job Description</i> )			
	If "No", please explain _____			
	<i>Please Note: Consistent attendance and punctuality are essential requirements of every job with CoastHills.</i>			
	At what location(s) are you willing to work? (check one or more) <input type="checkbox"/> Atascadero <input type="checkbox"/> Crossroads <input type="checkbox"/> Five Cities			
	<input type="checkbox"/> Lompoc <input type="checkbox"/> Nipomo <input type="checkbox"/> Orcutt <input type="checkbox"/> Paso Robles <input type="checkbox"/> San Luis Obispo <input type="checkbox"/> Santa Maria <input type="checkbox"/> VAFB <input type="checkbox"/> Vandenberg Village			
	What type of work do you seek? <input type="checkbox"/> Full Time (40 hours/week) <input type="checkbox"/> Part Time; # hours/week: _____			
	Are you available to work on Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No            What hourly rate of pay do you expect? \$ _____			
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No            Are you currently attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	What date are you able to begin work? _____            Are you able and willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did a CoastHills employee refer you? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "Yes", what is the employee's name and branch: _____				
If driving is a requirement of this position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>(If driving is a requirement of this position, continued employment is contingent on your maintaining a current driver's license.)</i>				
Restrictions or suspensions? <input type="checkbox"/> No <input type="checkbox"/> Yes    If "yes", please describe the restrictions: _____				
State: _____ Number: _____ Expiration: ___/___				

Complete the following history as thoroughly as possible, starting with your current or most recent employer. For any unemployed periods, show activities, dates and locations. Include U.S. military service, school, volunteering, etc.

Please do not indicate "See Resume."

E M P L O Y M E N T  H I S T O R Y	Employer's Telephone No.: ( ) _____	Current or Most Recent Employer's Name:			
	Employed (Month/Year): From: _____ To: _____	Employer's Street Address	City	State	Zip Code
	Job Title: _____	Describe your responsibilities:			
	Hourly Rate of Pay: Beginning: \$ _____ Ending/Current \$ _____	Supervisor's Name	Title	( ) Telephone Number	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving/seeking employment:			
	Employer's Telephone No.: ( ) _____	First Previous Employer's Name:			
	Employed (Month/Year): From: _____ To: _____	Employer's Street Address	City	State	Zip Code
	Job Title: _____	Describe your responsibilities:			
	Hourly Rate of Pay: Beginning: \$ _____ Ending: \$ _____	Supervisor's Name	Title	( ) Telephone Number	
		Reason for leaving/seeking employment:			
	Employer's Telephone No.: ( ) _____	Second Previous Employer's Name:			
	Employed (Month/Year): From: _____ To: _____	Employer's Street Address	City	State	Zip Code
	Job Title: _____	Describe your responsibilities:			
	Hourly Rate of Pay: Beginning: \$ _____ Ending: \$ _____	Supervisor's Name	Title	( ) Telephone Number	
	Reason for leaving/seeking employment:				
Employer's Telephone No.: ( ) _____	Third Previous Employer's Name:				
Employed (Month/Year): From: _____ To: _____	Employer's Street Address	City	State	Zip Code	
Job Title: _____	Describe your responsibilities:				
Hourly Rate of Pay: Beginning: \$ _____ Ending: \$ _____	Supervisor's Name	Title	( ) Telephone Number		
	Reason for leaving/seeking employment:				

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Check the box of any of the following which you have the knowledge, skill and ability to operate or perform:

- Calculator
- Data Base; program name: \_\_\_\_\_
- IBM compatible PC
- Keyboarding; \_\_\_\_\_ words per minute
- Presentation graphics; program name: \_\_\_\_\_
- Spreadsheet; program name: \_\_\_\_\_
- Word processing; program name: \_\_\_\_\_
- Other: \_\_\_\_\_

Indicate any foreign language (and your skill level) that might help you perform this position's duties:

	Fair	Good	Fluent
Speak			
Read			
Write			

List any job-related professional, trade or vocational organizations to which you belong. (*Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities*)

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List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualification.

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You may be asked to furnish transcripts of school and college work and certificates and licenses.

School	Name & Location (City and State)	Course of Study	# Years Completed	Did You graduate?	Type of Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade or Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Have you ever had fidelity bond coverage denied or cancelled?  No  Yes If "Yes", please explain.

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Have you ever been convicted of a crime?  No  Yes (*Convictions will not necessarily disqualify you from employment. Do not provide information about misdemeanor marijuana convictions more than 2 years old.*) If "Yes", please give offense, date and disposition of the case:

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<b>R E F E R E N C E S</b>	List three (3) references that are not related to you and have known you for at least three (3) years.			
	Name	Mailing Address (Street or P.O. Box), City, State and Zip Code	Telephone (daytime)	# Years Known
			(    )	
			(    )	

### APPLICANT ACKNOWLEDGMENT

*I understand and acknowledge that:*

Receipt of this application by CoastHills Federal Credit Union, does not guarantee an interview or offer of employment.

CoastHills requires the successful completion of pre-employment testing as a condition of employment for all positions, that taking the pre-employment test is part of my job application, and that the test results will be used to assist CoastHills in making an employment decision.

As a CoastHills employment applicant, I understand that CoastHills may make a background investigation. This investigation will contain information as to my work habits, experience, character and performance. Information may be requested from public and private sources about my reasons for termination of past employment, driving records, court records, education, credentials, credit and reference.

The information requested will be used in compliance with the State and Federal Fair Credit Reporting laws, and/or any other applicable Federal or State laws. I understand that if I am denied employment because of information contained in whole or in part in the background investigation that I have the right to be notified and given the name and address of the agency or source that provided the information.

I hereby authorize, without any reservation, any law enforcement agency, school, employer, reference, information service bureau institution contacted by CoastHills or its agents, to furnish the information described above.

I understand that a facsimile or photographic copy of this release shall be valid as the original.

*I understand and acknowledge that if I am offered employment:*

It is contingent upon a background check and CUNA bondability.

Any false statement, misrepresentation or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in the immediate termination of my employment.

My employment shall be at will and for no definite period and may be terminated at any time, with or without cause and with or without prior notice at the option of either CoastHills or myself.

I agree to abide by all work rules, policies, procedures and applicable Federal and State laws.

Only the President/CEO of CoastHills may alter or amend any benefit or condition of employment. Any such amendment must be in writing.

Print your full name:	Signature:	Date:
_____	_____	_____

## **DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF A CONSUMER REPORT**

As a CoastHills Federal Credit Union employment applicant, I understand that CoastHills may make a background investigation. This investigation will contain information as to my work habits, experience, character and performance. The types of reports that may be requested from a consumer reporting agency include, but are not limited to: credit reports, criminal records check, public court records checks, driving records, summaries, and verification of educational records and histories, and/or summaries and verification of employment positions held and related duties, last pay rate or salary, work performance, experience, skills, qualifications, compliance with employer or institutional policies, licensing, certification, training, and honesty. Information may be requested for public and private sources about my reasons for termination in past employment, driving records, court records, education, credentials, licenses, credit and references.

The information requested will be used in compliance with the Fair Credit Reporting Act (FCRA), the California Consumer Credit Reporting Agencies Act (CCCRA) or Investigative Consumer Credit Reporting Agency Act (ICRA) the Federal Americans with Disabilities Act (ADA), and/or any other applicable Federal or State laws.

I hereby authorize without any reservation, any law enforcement agency, school employer, reference, information service bureau or institution contacted by CoastHills or its agents, to furnish the information described above. I understand that a facsimile or photographic copy of this release shall be valid as the original.

In connection with my receipt of an employment offer, contingent upon the background check, CoastHills may procure a consumer report on me from ADP Screening and Selection Services as part of the process of considering my candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision, CoastHills will provide me with a copy of the consumer report and a description in writing of my rights under the federal Fair Credit Reporting Act.

Under section 1786.22 of the California Civil Code, I understand that I have the right to view the file maintained on me by ADP Screening and Selection Services or any other consumer reporting agency listed above. I understand that I may obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency in person or by mail; I understand that I may also receive a summary of the file by telephone. I understand that I have the right to the agency explain the file to me and explain any coded information appearing in the file. I understand that if I appear in person that I may be accompanied by one other person of my choosing provided that person furnishes proper identification.

The Fair Credit Reporting Act gives me specific rights in dealing with consumer reporting agencies. I will be given a summary of these rights together with this document.

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports to the CoastHills (1) in conjunction with a contingent offer for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the CoastHills by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the CoastHills.

By my signature below, I hereby authorize CoastHills to obtain a consumer report about me in order to consider me for employment.

Applicant's Name	
Other Names Used	
Applicant's Address	
City/State/Zip Code	
Applicant's Social Security Number	
Applicant's Driver's License Number and State	
Applicant's Name as it appears on Driver's License	
Applicant's Date of Birth	

NOTE: Date of Birth information is used ONLY by ADP Screening and Selection Services for verification of identity if a contingent offer has been made and is not used for any purpose by CoastHills.

Applicant's Signature		Date	
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Pursuant to California Civil Code section 1785.20.5, I have a right to obtain a copy of my Consumer Report. If I would like a copy, I have checked the box below.

- By checking this box, I request a copy of any consumer report obtained by the CoastHills from any consumer reporting agency, at no extra charge, and understand that a copy of the report will be provided to me by the agency at the same time the report is provided to the CoastHills.

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to the CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS REGARDING:**

**PLEASE CONTACT:**

CRAs, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center – FCRA  
Washington, DC 20580  
202-326-3761

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 Board  
Division of Consumer & Community Affairs  
Washington, DC 20551  
202-452-3693

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 Programs  
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  
703-518-6360

State-chartered banks that are not member of the Federal Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC

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

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The Federal Government requires us to complete statistical information about employment applicants. Applicants are requested but ***not required*** to complete this survey. Any information you volunteer will be kept confidential. This form will be removed from your employment application upon receipt and will be used solely for research and statistical purposes.

Position: \_\_\_\_\_

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

Sex     Female     Male

Age     40 Years of age or over

Race (please check only one in this section)

- WHITE (NOT HISPANIC OR LATINO):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK OR AFRICAN-AMERICAN (NOT HISPANIC OR LATINO):** Persons having origins in any of the black racial groups of Africa)
- HISPANIC OR LATINO:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO):** Persons having origins in any of the original peoples of North America (including Central America) and who maintain tribal affiliation or community recognition.
- ASIAN (NOT HISPANIC OR LATINO):** Persons 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.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO):** Persons having origins in any of peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- TWO OR MORE RACES (NOT HISPANIC OR LATINO):** Persons who identify with more than one of the above races.
- Veteran** (any person who served in the Military for a continuous period of 180 days or more with a release or discharge other than dishonorable).

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How did you learn about employment?

- Advertisement in: \_\_\_\_\_
- Credit Union Member
- Employee Referral
- Former Employee
- Internet
- Job Hotline
- Mail-In
- School: \_\_\_\_\_
- Walk-In
- Job Fair