

Dakotaland Federal Credit Union

Employment Application

Equal Opportunity Employer

(If desired, a resume may be submitted along with this completed application)

PERSONAL:

Full Name _____ Social Security Number _____

Street Address _____ Phone Number _____

City/State/Zip Code _____

Is there another phone number at which you may be reached? _____ Can a message be left at this number? _____

How were you referred to us or learn of our organization? _____

PLACEMENT:

Position for which you are applying? _____ Starting salary you are seeking? \$ _____ per _____

What type of employment are you applying for? _____ When could you begin employment? _____

_____ Temporary-part-time _____ Temporary-full-time _____ Regular part-time _____ Regular full-time

EDUCATION:

Type of School:	Name&Address Of School	Number of Years Completed	Did you Graduate?	Major Course of Study And Degree Granted
High School	_____	_____	_____	_____

College	_____	_____	_____	_____
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Other (Specify)	_____	_____	_____	_____
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Other (Specify)	_____	_____	_____	_____
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REFERENCES:

Please list persons whom we may contact who know your qualifications.

Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY:

May we contact your present employer? _____ May we contact **you** at your present employer? _____

Please list your employment history in chronological order with most recent position first.

Present or Last Employer _____ Phone Number _____

Address _____ Name & Title of Supervisor _____

Dates Employed: from _____ to _____ Salary \$ _____ per _____ \$ _____ per _____
Month/year Month/Year beginning end

Starting Position _____ Ending Position _____

Reason for leaving: _____

Previous Employer _____ Phone Number _____

Address _____ Name & Title of Supervisor _____

Dates Employed: from _____ to _____ Salary \$ _____ per _____ \$ _____ per _____
Month/Year Month/Year beginning end

Starting Position _____ Ending Position _____

Reason for leaving: _____

Previous Employer _____ Phone Number _____

Address _____ Name & Title of Supervisor _____

Dates Employed: from _____ to _____ Salary \$ _____ per _____ \$ _____ per _____
Month/Year Month/Year beginning end

Starting Position _____

Reason for leaving: _____

SIGNATURE:

Dakotaland Federal Credit Union makes no promise of employment by offering this application form or accepting your written response. No one is authorized to offer you employment with Dakotaland except in writing. Do not make or change any plans based on what anyone tells you orally. Any employment Dakotaland may offer you will be terminable "at will", which means you may quit at anytime, and Dakotaland may terminate you at anytime, with or without cause.

By completing this application and signing below, you authorize Dakotaland to investigate your qualifications, including background checks and credit history, and make inquiries about you generally. By signing below, you are affirming that the statement you make in this application, plus any additional written and oral information you provide us about yourself are true, and that you have not omitted anything. You understand that any false statement or material omission is sufficient grounds for Dakotaland to reject this application without further consideration.

Signature of Applicant: _____ Date: _____