



Cincinnati Ohio Police Federal Credit Union
959 W. 8th Street
Cincinnati, OH 45203

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last, First, MI

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Mobile No: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

What hours are you seeking?

Do you have a reliable means of transportation to and from work?

Have you ever filed an application with us before?

If yes, when?

Do you have any friends or relatives working here?

If yes, please list them:

Are you at least 18 years of age?

Can you furnish a work permit?

Are you a citizen of the United States?

If no, are you authorized to work in the US?

Can you provide proof of eligibility to work in the US?

Proof of eligibility will be required before you can be employed.

Have you ever worked for this company?

If yes, when?

Have you ever been convicted of a felony?

If yes, explain: _____

Education

High School: _____ Address: _____

From Mo/Yr: _____ To Mo/Yr: _____ Did you graduate? _____ Diploma: _____

College: _____ Address: _____

From Mo/Yr: _____ To Mo/Yr: _____ Did you graduate? _____ Degree: _____

Other: _____ Address: _____

From Mo/Yr: _____ To Mo/Yr: _____ Did you graduate? _____ Degree: _____

Other job-related training, education, licenses, certifications, specialized training, etc.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

City, ST ZIP: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Duties: _____

From Mo/Yr _____ To Mo/Yr: _____ Reason for Leaving: _____

If currently employed, may we contact this supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

City, ST ZIP: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From Mo/Yr: _____ To Mo/Yr: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

City, ST ZIP: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From Mo/Yr: _____ To Mo/Yr: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Additional Information

If applying for a position that requires driving, do you have a valid Driver's License?

Are you currently on lay-off and subject to recall?

Have you even been bonded

If so, has your bond ever been refused or cancelled?

Have you ever filed for bankruptcy?

Have you ever been dismissed from a job?

If Yes, please explain: _____

Are you bound by any non-compete agreements with your current or former employers?

If Yes, attach a copy of the agreement.

Do you have any commitments or other agreements with another employer that may affect your employment with COPFCU?

If Yes, please explain: _____

Job Applicant's Agreement & Certification

Please read the following statements carefully before signing.

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.

I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.

I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to Cincinnati Police Federal Credit Union. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.

I agree that any claim or lawsuit relating to my service with Cincinnati Police Federal Credit Union must be filed no more than twelve (12) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

Full Name: _____
First, MI, Last

Signature: _____ Date: _____

Disclosure & Authorization for a Consumer Report / Background Check / Investigative Reports

A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event that an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights on the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before Cincinnati Ohio Police Federal Credit Union can obtain a consumer report, investigative consumer report or employer or non-employer related insurance or fidelity bond claims information about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in the report, you will be provided with a copy of that report along with the name, address, and telephone number of the consumer reporting agency, and a “Summary of Your Rights under the FCRA.”

AUTHORIZATION

I have read and understand the foregoing disclosure and hereby authorize Cincinnati Ohio Police Federal Credit Union to obtain and rely upon consumer reports, investigative consumer reports, public government records and information regarding my involvement in any prior employer or non-employer related insurance or fidelity bond claims in considering me for employment, and if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention or discipline.

By my signature below, I authorize Cincinnati Ohio Police Federal Credit Union to obtain at their own cost and expense any such reports and information from third-party entities such as consumer reporting and insurance agencies and to share the reports and information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in its original, faxed, photocopied or electronic (including electronically signed) form shall be valid for any consumer reports, investigative consumer reports, public records search, and employer or non-employer related insurance or fidelity bond claim reports that may be requested about me by or on behalf of Cincinnati Ohio Police Federal Credit Union.

Full Name: _____
First, MI, Last

Signature: _____ Date: _____

COPFCU IS AN EQUAL OPPORTUNITY EMPLOYER.