

Please submit to any branch or mail to: TCFCU Attn: Human Resources, 300 North K St., Tulare, CA 93274

All qualified applicants will receive consideration for employment without regard to gender, 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 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.

PERSONAL INFORMATION:

Full Name: Last:		First:		MI
Address: Street:	City:		State/ZIP: _	
Home Phone:		E-mail address:_		
Number where you may be reached during business	hours:			
Have you ever worked under another name? Yes	s No	If "Yes", please	list:	
Are you at least 18 years of age? Yes No				
Are you legally eligible to be employed in the United	States?		If "No", appropriate documents to work will be required.	mentation
Have you worked for TCFCU before? Yes N	lo If "Yes",	when and in wh	nat position	
List any relatives employed by TCFCU and his/her rel	lationship to	you:		
POSITION INFORMATION:				
For which position are you applying?				
Are you able to perform the essential functions of the	e position?	Yes No	Please refer to Positi	on Description
If "No", please explain:			s of every position with TC	CFCU.
At what locations are you willing to work? Tula	are I	Porterville	West Visalia North Vi	salia
What type of work do you seek: Full	time (40 hou	ırs/week)	Part-time # Hours	S
Are you currently employed? Yes No	Are you	currently attend	ing college? Yes N	lo
What rate of pay do you expect? \$	What da	te are you availa	able to begin work?	
Did a TCFCU Employee refer you? Yes No	If "Yes"	name:		
If driving is a requirement of this position, do you ha (If driving is a requirement of this position, continued employment			Yes No g a current driver's license)	
Restrictions: Yes No If "Yes" please des	scribe restricti	ions:		
State: Number:		Evniratio	nn:	

EMPLOYMENT HISTORY:

Complete the following history as thoroughly as pounemployed periods, show activities, dates and loc			-	
Employer's Phone	Current or Most Recent Employer's Name:			
Employed (mo/year) From:	Employer's Address:			
To:	Street	City	State/Zip	
Job Title:	Describe your responsibil			
May we contact this employer?	Supervisor's name:	Title:	Phone:	
	Reason for leaving/seekir	ng employment:		
Employer's Phone	First Previous Employer's	Name:		
Employed (mo/year) From:	Employer's Address:			
То:	Street	City	State/Zip	
Job Title:	Describe your responsibil			
May we contact this employer?	Supervisor's name:	Title:	Phone:	
	Reason for leaving/seekir	ng employment:		
Employer's Phone	Second Previous Employe	er's Name:		
Employed (mo/year) From:	Employer's Address:			
То:	Street	City	State/Zip	
Job Title:	Describe your responsibil			
May we contact this employer?	Supervisor's name:	Title:	Phone:	
	Reason for leaving/seekir	ng employment:		
B	Third Duagiage Carely and	- Name		
Employer's Phone	Third Previous Employer's	s Name:		
Employed (mo/year) From:	Employer's Address:			
То:	Street	City	State/Zip	
Job Title:	Describe your responsibil			
May we contact this Employer?	Supervisor's name:	Title:	Phone:	
	Reason for leaving/seekir	ng employment:		

SKILLS:						
Check the	oox of any of the following which you b	nave the knowledge, sk	ill and ability	y to operate	or per	form:
☐ Calculat	Calculator			words per minute		
☐ Data Ba	se: Program Name:					
☐ Word Pr	ocessing: Program Name:					
☐ Spreads	neet: Program Name:					
☐ Presenta	tion Graphics: Program Name:					
□Other: _						
Indicate ar	y foreign language (and your skill leve	l) that might help you i	n this position	on's duties:		
	Fair	Good		Fluent		
Speak						
Read						
Write						
	o-related professional, trade or vocation our race, color, religion, age, gender, se.				ny orga	anization which
EDUCATION You may b	ON: e asked to furnish transcripts of school	and college work and	certificates a	and licenses		
School	Name and Location (City and State)	Course of Study	# Years Completed	Did you graduate?		Type of Degree or Diploma
High Scho	ool			Yes	No	
College				Yes	No	
				1		

Yes

Yes

Yes

No

No

No

College

Other

Business, Trade or Technical

OTHER: Have you ever had fidelity b	ond coverage denied or cancelled?	Yes No	If "Yes'	" please explain:	
REFERENCES: List three (3) references tha	t are not related to you and have kn	own you for at least	hree (3) yea	ırs.	
Name:	Mailing Address (Street or P.O. Box, City, State and ZIP Code):	Daytime Telephone:	# Years Known:	Relationship:	
I understand and acknowl	APPLICANT ACKN edge that:	IOWLEDGEMENT			
Receipt of this application be of employment.	y Tulare County Federal Credit Unio	on (hereafter TCFCU) does not gi	uarantee an interview or offer	
	ccessful completion of pre-employme-employment test is part of my job anyment decision.				
contain information as to my	pplicant, I understand that TCFCU in work habits, experience, character easons for termination of past emplo	r and performance. I	nformation n	nay be requested from public	
Disabilities Act (ADA), and/obecause of information cont	will be used in compliance with the For or any other applicable State or Fed rained in whole or in part in the back as of the agency or source that provi	leral laws. I understa ground investigation,	nd that if I ai	m denied employment	
	any reservation, any law enforceme by TCFCU, or its agents, to furnish				
I understand that a facsimile	e or photographic copy of this releas	se shall be valid as th	e original.		
I understand and acknowl	edge that if I am offered employn	nent:			
It is contingent upon a back	ground check.				
	resentation or omission of facts on or omitted, may result in the immed				
	will and for no definite period and m option of either TCFCU or myself.	ay be terminated at a	any time, witi	h or without cause and with	
I agree to abide by all work rules, policies, procedures and applicable State and Federal Laws and regulations.					
Only the President/CEO may alter or amend any benefit or condition of employment.					

Full Name Signature

Date

Full name printed