

# Addition

## FINANCIAL

### APPLICATION FOR EMPLOYMENT

Addition Financial is an equal Opportunity Employer which considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT & COMPLETE EACH SECTION IN ITS ENTIRETY

DATE: \_\_\_\_\_

#### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PREVIOUS ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Are you 18 years or older? ☐ Yes ☐ No If No, please state your age for Child Labor Law purposes \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Street City State Zip

Do you have a relative working at Addition Financial? Yes ☐ No ☐ If Yes, who? \_\_\_\_\_

Were you referred by an Addition Financial? Yes ☐ No ☐ If Yes, who? \_\_\_\_\_

#### EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

LOCATION(S) APPLIED FOR: \_\_\_\_\_

DESIRED SALARY RANGE: \_\_\_\_\_ ARE YOU CURRENTLY EMPLOYED: ☐ Yes ☐ No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon employment.*

TYPE OF WORK DESIRED: ☐ Full Time ☐ Part Time ☐ Peak Time ☐ Temporary

WILL YOU TRAVEL IF THE JOB REQUIRES IT? ☐ Yes ☐ No

ARE YOU ABLE TO WORK OVERTIME IF NEEDED? ☐ Yes ☐ No

ARE THERE ANY SHIFTS, DAYS OR HOURS YOU WILL NOT WORK: ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY ADDITION FINANCIAL? ☐ Yes ☐ No

If Yes, When Employed: \_\_\_\_\_ Where: \_\_\_\_\_ Last Position: \_\_\_\_\_

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION TO ADDITION FINANCIAL? ☐ Yes ☐ No

If Yes, When Submitted: \_\_\_\_\_ Where: \_\_\_\_\_

## EMPLOYMENT HISTORY

Start with your present or last job, including job-related military service assignments. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. Explain any gaps in employment in the comment section below.

**ALL CANDIDATES MUST COMPLETE THIS SECTION, DO NOT REFERENCE RESUME.**

**ALL CANDIDATES MUST COMPLETE THIS SECTION, DO NOT REFERENCE RESUME.**

Employer:	Dates Employed		Describe Job Duties
Address:	From	To	
City:			
State:			
Zip:			
Telephone Number(s):	Hourly Rate/Salary		
Starting Job Title:	Starting	Final	
Present/Last Job Title:			
Supervisor:			
Reason for Leaving:			
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Dates Employed		Describe Job Duties
Address:	From	To	
City:			
State:			
Zip:			
Telephone Number(s):	Hourly Rate/Salary		
Starting Job Title:	Starting	Final	
Present/Last Job Title:			
Supervisor:			
Reason for Leaving:			
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Dates Employed		Describe Job Duties
Address:	From	To	
City:			
State:			
Zip:			
Telephone Number(s):	Hourly Rate/Salary		
Starting Job Title:	Starting	Final	
Present/Last Job Title:			
Supervisor:			
Reason for Leaving:			
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Dates Employed		Describe Job Duties
Address:	From	To	
City:			
State:			
Zip:			
Telephone Number(s):	Hourly Rate/Salary		
Starting Job Title:	Starting	Final	
Present/Last Job Title:			
Supervisor:			
Reason for Leaving:			
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Comments: Include explanation of any gaps in employment.**


**EDUCATION BACKGROUND**

SCHOOL	NAME AND LOCATION	# OF YEARS ATTENDED	DEGREE/DIPLOMA	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER (please specify)				

**BUSINESS REFERENCES**

Give below the name of three persons who have supervised or worked with you, whom you have known at least one year.

	Name/Place of Employment	Address	Work Phone Number	Years
			Home Phone Number	Acquainted
1.				
2.				
3.				

**ADDITIONAL INFORMATION****LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD.**

*You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

**DESCRIBE ANY SPECIALIZED TRAINING, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES.****DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.****LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.**

**HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN THE LAST SEVEN (7) YEARS?**

☐ Yes

☐ No

(A Yes answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying are also considered.)

If yes, please explain: \_\_\_\_\_

#### APPLICANT'S STATEMENT AND AUTHORIZATION

I certify that the information submitted by me on this application is true and complete to the best of my knowledge. I understand that any false information, omissions of facts, or misrepresentations in any application document will disqualify me from further consideration of employment. I further understand that any false information, omissions of facts, or misrepresentations in any application document will be cause for termination at any time without prior notice.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Addition Financial shall be of an "at-will" nature, which means that the employee may resign at any time and the employer may terminate employee at any time with or without cause. I further understand that no oral promise, employee policy, custom, business practice or other procedure (including the Employee Handbook) constitute an employment agreement or modification of the at-will employment relationship between Addition Financial and me.

I understand that no credit union representative, other than its president, or Chairperson of the Board, and then only when in writing and signed by the aforementioned, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of applicant identity and legal authority to work in the United States.

In consideration of my employment, I agree to conform to the Credit Union's rules, regulations, policies and procedures, and I agree that except for the at-will nature of the employment relationship, the Credit Union may change the terms and conditions or my employment, with or without cause and with or without notice, at any time.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date



### **Equal Employment Opportunity Data Form**

**IMPORTANT** - To all applicants: To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, Addition Financial requests that you complete this personal data form. Information will be used solely for government reporting purposes and will be detached and kept separate from your application. Any information that you choose to provide will not be considered by Addition Financial for employment purposes and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

Name \_\_\_\_\_  
Last First MI

Position/Location \_\_\_\_\_

Date \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

If any of these definitions apply to you, please check off the appropriate box(es) to be considered under our Affirmative Action Plan.

#### **ETHNIC CATEGORY**

_____ American Indian or Alaskan Native	_____ Native Hawaiian or other Pacific Islander
_____ Asian	_____ Two or More Races (Not Hispanic or Latino)
_____ Black or African American	_____ All persons who identify with more than one of the five races
_____ Hispanic or Latino	
_____ White	

#### **REFERRAL SOURCE**

_____ Advertisement (1)	_____ College Recruitment (6)
_____ Employee Referral (2)	_____ Walk-In (7)
_____ Unsolicited Resume (3)	_____ Open House (8)
_____ Government Agency (4)	_____ Other (9)
_____ Employment Agency (5)	(Please describe: _____ )



### Release Form for Consumer Reports

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims, and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies which contain my past activities, and I may be required to submit fingerprints to be maintained on file and pass additional background checks as required by applicable law in association with certain positions at Addition Financial.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I have the right to make a request from any organization retained by Addition Financial to conduct background investigations, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract) with Addition Financial.

**Print Your Full Legal Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Previous Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Driver's License:**

**State** \_\_\_\_\_ **License #** \_\_\_\_\_

*For Identification Purposes Only*

**Date of Birth:** **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

**Other or Former names** \_\_\_\_\_

**Professional License:** **State** \_\_\_\_\_ **Type** \_\_\_\_\_

**Number** \_\_\_\_\_

**Have you ever been bonded?** Yes ☐ No ☐

**Have you ever been denied bond?** Yes ☐ No ☐

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

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

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314



TYPE OF BUSINESS:	CONTACT:
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Ave., S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Transportation Board Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357