



# APPLICATION FOR EMPLOYMENT

Co-op Credit Union is an equal opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, gender, national origin, ancestry, veteran status, marital status, sexual orientation or the presence of any non-job related medical condition or disability, or other characteristics protected by law. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. If you need an accommodation to participate in the application process, please contact our Human Resources Department at 715-284-5333 or e-mail: [humanresources@coopcu.com](mailto:humanresources@coopcu.com).

Position(s) Applying for:		
<b>PERSONAL DATA</b>		
Last Name, First Name, MI		Date:
Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your record? If so, please explain:		
Present Address: (Include Street, City, State and Zip Code)		
Previous Address: (if at current address less than two years)		
Phone #:	E-Mail Address:	Contact me by: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Are you able to obtain a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally authorized to work in the United States at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Answering yes to this question is not an automatic bar to employment.	How did you hear about us?	
Social Security #:	<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> CCU Website	
Salary Range Desired: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend/Family <input type="checkbox"/> LinkedIn	
Status: <input type="checkbox"/> Full <input type="checkbox"/> Part-Time	<input type="checkbox"/> State Employ. Service <input type="checkbox"/> Facebook	
Earliest start date:	<input type="checkbox"/> Current CCU employee - Please name: _____	
	<input type="checkbox"/> Other Source: _____	
Have you ever been previously employed with CCU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Dates of Employment: _____		
Position(s) held: _____ Your name when employed (if different than now): _____		
Are you related to any CCU employee(s)? State names: _____		
Are there any days or hours that the credit union is open that you would not be able to work?		
Do you have any commitments to another employer that might affect your employment with this organization?		
<b>EDUCATION BACKGROUND</b>		
Name & Location	Course of study	Graduate? If yes, state degree
High School:		
College/Tech/Bus. Sch:	Major:	
	Minor:	
Graduate School:		

**EMPLOYMENT HISTORY**

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for the past FOUR employers.

<b>Employer Name:</b>			Telephone:
Address: Street, City, State, Zip			
Supervisor Name:	Dates From:	To:	Position(s) Held:
Primary Duties:		Salary: Begin \$	End \$
Reason for Leaving:			Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer Name:</b>			Telephone:
Address: Street, City, State, Zip			
Supervisor Name:	Dates From:	To:	Position(s) Held:
Primary Duties:		Salary: Begin \$	End \$
Reason for Leaving:			Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer Name:</b>			Telephone:
Address: Street, City, State, Zip			
Supervisor Name:	Dates From:	To:	Position(s) Held:
Primary Duties:		Salary: Begin \$	End \$
Reason for Leaving:			Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer Name:</b>			Telephone:
Address: Street, City, State, Zip			
Supervisor Name:	Dates From:	To:	Position(s) Held:
Primary Duties:		Salary: Begin \$	End \$
Reason for Leaving:			Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**JOB RELATED EXPERIENCE** - Please provide below any additional information you believe would be of value in considering you for employment. Include any JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, workshops or seminars attended.

**OTHER JOB-RELATED EXPERIENCE** - Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application (e.g., clubs, groups, professional organizations, etc). You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.

**Personal References:** Please list three personal references other than a relative or employer:

1. Name \_\_\_\_\_ Relationship To Applicant \_\_\_\_\_  
Address \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship To Applicant \_\_\_\_\_  
Address \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship To Applicant \_\_\_\_\_  
Address \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**Employer References:** Please list up to three employer references:

1. Company \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_ Your Job Title \_\_\_\_\_
2. Company \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_ Your Job Title \_\_\_\_\_
3. Company \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_ Your Job Title \_\_\_\_\_

**Important:** Please read carefully and initial each paragraph before signing.

(Initials)

\_\_\_\_\_ I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information, inaccurate information, or omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by Co-op Credit Union if discovered at a later date. I agree to immediately notify Co-op Credit Union if I should be convicted of or charged with any crime, other than a minor traffic offense, while my job application is pending, or during my period of employment, if hired.

\_\_\_\_\_ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide Co-op Credit Union with relevant information and opinion that may be useful to it in making a hiring decision, and I release such persons and organizations from any liability and damage arising from the release of this information.

\_\_\_\_\_ I understand that if employed and my employment is terminated by Co-op Credit Union for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

\_\_\_\_\_ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mission:** *Serving our members, where they are, through all stages of life.*

**Vision:**

*Serving people in such an extraordinary way that we are the financial institution of choice and the employer of choice in our communities.*

**Core Values:**

- *Commitment*
- *Flexibility*
- *Friendliness*
- *Fairness*
- *Confidentiality*
- *Integrity*
- *Consistency*
- *Exceptional Service*

Co-op Credit Union is an Equal Opportunity Employer of Protected Veterans and Individuals with Disabilities.

Join the Co-op Credit Union Team. We are a financially strong credit union and offer a professional work environment dedicated to serving our member-owners.

**Main Office:**

100 East Main St  
PO Box 157  
Black River Falls, WI 54615-0157

**Galesville:**

17578 North Main St  
PO Box 417  
Galesville, WI 54630-0417

**Melrose:**

409 North Washington St  
PO Box 275  
Melrose, WI 54642-0275

**Fall Creek:**

326 East Lincoln Avenue  
PO Box 96  
Fall Creek, WI 54742-0096

**La Crosse:**

425 State Street, Room 226  
PO Box 13  
La Crosse, WI 54602

**Strum:**

134 Fifth Avenue North  
PO Box 339  
Strum, WI 54770-0339

**Onalaska:**

100 French Road Onalaska,  
WI 54650



## INVITATION TO APPLICANTS TO SELF-IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

This company prepares affirmative action plans that cover females, minorities, protected veterans, and individuals with disabilities. This survey is meant to help the company fulfill various objectives in these affirmative action plans. **PLEASE NOTE: You are not required to complete any part of this form.** Submission of this form is voluntary. The decision not to complete this form will not affect any opportunity for employment or any benefits with the company. Any information you provide in this survey will be kept confidential and will not be used in any way that may adversely affect your employment with this company.

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

Position you are applying for: \_\_\_\_\_

How were you referred to the company? \_\_\_\_\_

### AFFIRMATIVE ACTION RELATED DATA (Please check appropriate boxes)

#### GENDER

- Male     Female     Decline to Answer

#### ETHNICITY

- Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  
 Not Hispanic  
 Decline to Answer

#### RACE (If you checked "Not Hispanic" above, please check one or more of the boxes below.)

- Asian/Indian Subcontinent (A person 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.)  
 Black/African American (A person having origins in any of the Black racial groups of Africa.)  
 Native American/Alaskan Native (A person having origins in any of the original peoples of North and South America [including Central America], and who maintains tribal affiliation or community attachment.)  
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)  
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)  
 Decline to Answer

#### PROTECTED VETERAN

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I belong to one or more of the classifications of protected veterans listed below.  
 I am a veteran, but do not fall into one of the classifications listed below.  
 I am not a veteran.  
 Decline to Answer.

#### Protected Veteran Categories:

**Disabled Veteran** - A disabled veteran is one of the following: (a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or (b) a person who was discharged or released from active duty because of a service connected disability.

**Recently Separated Veteran** - A recently separated veteran is a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

**Active Duty Wartime Or Campaign Badge Veteran** - An active duty wartime or campaign badge veteran is a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. (Note: The term "Active Duty Wartime Veteran" includes, but is not limited to, a veteran who served any time between 8/5/64 and 5/7/75, any time between 8/2/90 and the present day, as well as during various military conflicts defined as qualifying events by the Department of Defense.)

**Armed Forces Service Medal Veteran** - An armed forces service medal veteran is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.