



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.

Position(s) Applying for:		
PERSONAL DATA		
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? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> CCU Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend/Family <input type="checkbox"/> LinkedIn <input type="checkbox"/> State Employ. Service <input type="checkbox"/> Facebook <input type="checkbox"/> Current CCU employee - Please name: _____ <input type="checkbox"/> Other Source: _____	
Social Security #:		
Salary Range Desired: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually		
Status: <input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Earliest start date:		
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?		
EDUCATION BACKGROUND		
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.

Employer Name:			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				
Employer Name:			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				
Employer Name:			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				
Employer Name:			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

Fall Creek:

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

Galesville:

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

Melrose:

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

Onalaska:

100 French Road
Onalaska, WI 54650

Strum:

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



Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

Applicant Invitation to Self-Identify as a Protected Veteran (VEVRAA)

Under the regulations implementing the affirmative action provisions of the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1972 issued by the Office of Federal Contract Compliance Programs (OFCCP), a federal contractor is required to invite applicants and current employees to inform the contractor whether they are veterans belonging to one or more of the categories of veterans covered under VEVRAA who wish to benefit under the contractor's affirmative action program (AAP) for covered veterans.

In extending this invitation, we advise you that: (a) workers and applicants are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action plan.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name:

Position applied for:

Section 2: Veteran Status

- ☐ I identify as one or more of the following classifications of protected veterans:
- **Active duty wartime or campaign badge veteran** means 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.
 - **Armed Forces service medal veteran** means any 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 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
 - **Disabled veteran** means (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.
 - **Recently separated veteran** means 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.
- ☐ I am not a protected veteran.

Self-Identification of Race/Ethnicity and Gender

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender? You may mark **only one** box.

- ☐ **Male**
- ☐ **Female**
- ☐ **I choose not to identify**

What is your race/ethnicity? You may mark **only one** box.

- ☐ **Hispanic or Latino**
 - ☐ **White (Not Hispanic or Latino)**
 - ☐ **Black or African American (Not Hispanic or Latino)**
 - ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**
 - ☐ **Asian (Not Hispanic or Latino)**
 - ☐ **American Indian or Alaska Native (Not Hispanic or Latino)**
 - ☐ **Two or More Races (Not Hispanic or Latino)**
 - ☐ **I choose not to identify**
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