



# Employment Application

Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, disability, or veteran status.

**Send to: PO Box 196 Kyle, SD 57752 or Fax (605)455-1514**

**Email: [shayna@lakotafcu.org](mailto:shayna@lakotafcu.org)**

**Please advise us if any accommodations are required to assist you in the application process.**

## PLACEMENT

Position(s) applied for	Date of Application	
Full-time or Part-time	Hours/shift available	When will you be available to begin work?
How were you referred to us?	Are you legally authorized to work in the US?	Have you ever been denied bonding?

## PERSONAL

Last Name	First Name	Middle Initial	Social Security Number	DOB
Address	City	State	Zip Code	
Phone Number	Cell Number	DOB		
Have you ever been convicted of a crime? _____ Yes _____ No (If "Yes", please explain below)				
(Conviction will NOT automatically exclude you from employment)				

## EDUCATION

School	Name/Location of School	Course of Study	# of Years Completed	Did you graduate?	Degree or Diploma
Graduate					
College or Trade School					
High School					

Office machine experience/skills: \_\_\_\_\_

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**REFERENCES**

Name	Address	Phone	Occupation	Relationship	Years Known

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**EMPLOYMENT HISTORY**

Name/ Address of Employer (List most recent employment first)	Date (Month/Year)	Hourly Pay	Position	
<b>Name:</b> <b>Address:</b> <b>Phone:</b>	<b>From:</b> <b>To:</b>			Supervisor
				Reason for leaving
<b>Name:</b> <b>Address:</b> <b>Phone:</b>	<b>From:</b> <b>To:</b>			Supervisor
				Reason for leaving
<b>Name:</b> <b>Address:</b> <b>Phone:</b>	<b>From:</b> <b>To:</b>			Supervisor
				Reason for leaving
<b>Name:</b> <b>Address:</b> <b>Phone:</b>	<b>From:</b> <b>To:</b>			Supervisor
				Reason for leaving
<b>We may contact the employers listed above unless you indicate those you do not want us to contact.</b>			<b>DO NOT CONTACT:</b>	
			Employer: Reason:	

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**APPLICANT AGREEMENT**

I authorize the work and personal references listed in this application, and any other individuals I may name, to release to Lakota Federal Credit Union any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that my result from furnishing such information to LFCU.

**Complete Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that the information provided is true and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that any employment relationship with LFCU is of an "at will" nature, which means that I may resign at any time and LFCU may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by the Branch Manager of Lakota Federal Credit Union.

I hereby authorize Lakota Federal Credit Union or any person on its behalf to check and obtain any information and records concerning by background of conviction. I understand and agree that such information and records may be considered as it relates to the employment position for which I have made application.

**Driver's License # (State)** \_\_\_\_\_ **List States where you previously resided:** \_\_\_\_\_

Lakota Federal Credit Union has been designated as a non-smoking institution. Use of tobacco products is not permitted in any building or vehicle owned or leased by Lakota Federal Credit Union, or at any premise locations while staff, board, or committee meetings are in session. Drug testing may occur at any time of employment. **Can you work under these conditions? \_\_\_ Yes \_\_\_ No. Are you okay with taking drugs tested before employment or anytime during employment if requested? \_\_\_\_\_ Yes \_\_\_\_\_ No.**

If hired, I agree to abide by the terms and conditions of Lakota Federal Credit Union policies and regulations. I agree that, except at the request and for the benefit of Lakota Federal Credit Union, I will not disclose to anyone or use for my own purposes any of the Credit Union's confidential or proprietary information, either during or after my employment.

**Complete Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please read this disclosure. Sign and return the Authorization on the following page.**

Dear Applicant:

Based on the Fair Credit Reporting Act (FCRA), Lakota Federal Credit Union is required to provide applicants with a Consumer Disclosure and an Authorization Form for the use of credit reports in employment decisions. Please carefully read the Consumer Disclosure below and click the appropriate button below.

**CONSUMER DISCLOSURE  
USE OF CREDIT REPORTS FOR EMPLOYMENT**

Lakota Federal Credit Union may obtain a credit report on any consumer who has applied for or accepted employment with the organization. The Credit Union may use information contained in the consumer credit reports in making decisions related to employment with the organization. This may include, but is limited to, hiring, promotion, retention, and termination.

Prior to procuring a consumer's credit report for employment, Lakota Federal Credit Union will obtain the consumer's authorization. Before taking adverse action based in whole or in part on the report, the consumer will be provided with a copy of the report and a description in writing of the rights of the consumer under the Fair Credit Reporting Act.

Information from the consumer report will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

Please contact Transunion, PO Box 1000 Chester, PA 19022, or by phone at 1-800-888-4213, if you have any questions on the Fair Credit Reporting Act. You can also go to the Transunion website at [www.transunion.com/direct](http://www.transunion.com/direct).

Branch Manager  
Lakota Federal Credit Union

**PLEASE RETURN THIS SIGNED AUTHORIZATION WITH YOUR EMPLOYMENT APPLICATION.**

**AUTHORIZATION FORM  
FOR EMPLOYMENT CREDIT REPORTS**

I authorize Lakota Federal Credit Union to obtain a credit report on me through the credit reporting agency of its choice. If employed, I further authorize Lakota Federal Credit Union to check my credit record, as needed, on a continuing basis as it relates to my employment.

I understand that if an adverse employment decision is made due wholly or partly to the information on the credit report, Lakota Federal Credit Union will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

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NAME

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DATE