



269 Oak St, Wyandotte, MI 48192
734.285.0600, 800.552.8643, fax 248.451.5075

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Dear Applicant:

We appreciate your interest in employment with Michigan Legacy Credit Union. Our goal is to make the best hiring decision possible and to effectively match people and positions. A clear understanding of your background and work history is necessary to make an informed decision regarding your qualifications. **Please take the time to answer every question completely and accurately. Completed applications can be emailed to humanresources@michiganlegacycu.org.**

In addition to this application, the employment process may include but is not limited to the following processes.

1. Testing for aptitude, personality and/or skills
2. Multiple interviews
3. Background checks and/or investigations
4. Credit checks

Applicant Statement

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, false or incomplete statements, or incorrect information given on this application shall be sufficient cause for termination. I authorize Michigan Legacy Credit Union to contact any and all of my previous employers, as well as any other credit or reference source. I hereby release from liability all persons and organizations furnishing references or other information concerning me.

I understand that the completion of this application is not to be construed as an expressed or implied contract of employment or a guarantee of employment. Furthermore, my term of employment, if hired, is "at-will" and shall be for no definite period.

Applicant Signature

Date



269 Oak Street, Wyandotte, MI 48192
734.285.0600, 800.552.8643, fax 248.334.2740

**APPLICANT AUTHORIZATIONS
CONSUMER REPORTS**

In connection with your application for employment, we may conduct inquiries for the following information: **a credit report, a criminal background check, or other type of consumer report.** In the event that the information received is used in part or in whole in making an adverse decision with regard to your potential employment, before making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. The Act gives you specific rights in dealing with consumer reporting agencies

Your signature below authorizes us to obtain consumer and/or investigative reports about you in order to consider you for employment. It also indicates that you have read and understand that employment with MICHIGAN LEGACY CREDIT UNION is "at-will".

Applicant Signature

Date



269 Oak Street, Wyandotte, MI 48192
734.285.0600, 800.552.8643, fax 248.334.2740

Please complete the application in full. If you require accommodations in order to complete this application, contact the Human Resources Department. Incomplete applications may be rejected.

Do not specify "See Resume."

PERSONAL INFORMATION

Please Print

Name	Date
Current Address Zip	City State
Previous Address Zip	City State
Social Security #	
Telephone Numbers: Work	Home
Cell	E-mail Address

Position desired (A position must be stated)	Salary Required
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If part-time what hours are you available?
If offered a position, when could you begin work?	

Are you legally eligible to be employed in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
(Proof of identity and eligibility will be required upon employment)

Employment Record

1. Name of Company (month/year)	Dates of Employment
Address	Phone
Job Title	
Job Responsibilities	Reason for Leaving
Name and Title of Immediate Supervisor	
2. Name of Company (month/year)	Dates of Employment
Address	Phone
Job Title	
Job Responsibilities	Reason for Leaving
Name and Title of Immediate Supervisor	
3. Name of Company (month/year)	Dates of Employment
Address	Phone
Job Title	
Job Responsibilities	Reason for Leaving
Name and Title of Immediate Supervisor	
4. Name of Company (month/year)	Dates of Employment
Address	Phone
Job Title	
Job Responsibilities	Reason for Leaving
Name and Title of Immediate Supervisor	

5. Name of Company (month/year)	Dates of Employment
Address	Phone
Job Title	
Job Responsibilities	Reason for Leaving
Name and Title of Immediate Supervisor	

6. Name of Company (month/year)	Dates of Employment
Address	Phone
Job Title	
Job Responsibilities	Reason for Leaving
Name and Title of Immediate Supervisor	

May we contact your present employer? Yes No

If any employment was under a different name, indicate name:

Education

Do you have a High School Diploma or GED? Yes No

Name and Location of School: _____

College	Graduated	Degree/Major
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other training:

Summarize special job-related skills and qualifications acquired from employment or other experience that is relevant to the position you are applying: