

**RUTGERS FEDERAL CREDIT UNION**  
Employment Application



www.rutgersfcu.org

**APPLICANT INFORMATION**

Last Name		First		M.I.		Date	
Street Address					Apartment/Unit #		
City			State			ZIP	
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

**EDUCATION**

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES**

*Please list three professional references.*

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

# DISCLOSURE AND AUTHORIZATION FORM

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for employment and, if you are presently employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline,

\_\_\_\_\_ may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before \_\_\_\_\_ can obtain a consumer report, investigative consumer report or employer or nonemployer-related insurance or fidelity bond claims information about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in the report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION

I, \_\_\_\_\_, have read and understand the foregoing Disclosure, and hereby authorize \_\_\_\_\_ to obtain and rely upon consumer reports, investigative consumer reports, public government records and information regarding my involvement in any prior employer or nonemployer-related insurance or fidelity bond claims in considering me for employment, and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline.

# DISCLOSURE AND AUTHORIZATION FORM

*Please Read Carefully Before Signing the Authorization*

By my signature below, I authorize \_\_\_\_\_ to obtain at their own cost and expense any such reports and information from third-party entities such as consumer reporting and insurance agencies and to share the reports and information received with any person involved in the employment decision about me.

[Further, I, \_\_\_\_\_, do  do not  authorize \_\_\_\_\_ at this time to contact my current employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)]

I also agree that this Disclosure and Authorization in its original, faxed, photocopied, or electronic (including electronically signed) form shall be valid for any consumer reports, investigative consumer reports, public record search, and employer or non employer-related insurance or fidelity bond claim reports that may be requested about me by or on behalf of

\_\_\_\_\_

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

## Consumer Report / Investigative Consumer Report Disclosure and Release of Information Authorization

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment.

I authorize Rutgers Federal Credit Union to procure a Consumer Report from **Verifications, Inc.**, and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I may request a copy of any report that is prepared regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act." I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201, USA. Phone 1-800-247-0717 / +1 605-884-1200**

May your current employer be contacted?  YES  NO  Not Currently Employed  Post Hire Only

California: Are you employed in, seeking employment in, or a resident of California?  YES  NO

California, Minnesota or Oklahoma: Are you employed in, seeking employment in, or a resident of one of these states?  YES  NO  
If YES, do you wish to receive a copy of any Consumer Report of which you are the subject?  YES  NO

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

All Other US States: Please contact Verifications at 1-800-247-0717 or the address above to request a copy of your consumer report.

*I authorize the above-named company to procure a Consumer Report about me from Verifications, Inc. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.*

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Do not provide the following information until you have read and signed the *Disclosure and Release of Information Authorization* above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application. **PLEASE PRINT CLEARLY.**

Last Name	First Name	Middle Name	Date of Birth (spell month)
Street Address		City	
State/Province	Country	ZIP/Postal Code	
Driver's License No.	Country/State of License	Expires On	
List any other COUNTRIES, CITIES, and STATES in which you have lived during the previous 7 years			
List any other LAST NAMES you have used during the previous 7 years			
List any other LAST NAMES under which you received your GED, high school diploma, or other academic credentials.			

**If you have experience or qualifications from outside the USA, please request and complete an International Supplement.**