

APPLICATION FOR EMPLOYMENT

It is the policy of The Ohio Educational Credit Union to recruit, hire and promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment. No aspect of employment shall be influenced by race, color, national origin, religion, sex, age or a qualified mental/physical disability.

PLEASE PROVIDE ALL REQUESTED INFORMATION TO ENSURE CONSIDERATION OF YOUR APPLICATION PERSONAL DATA

Name				Date	1		
Address (Number	, Street Name, Apt.	#)					
City			State		Zip		
Age if under 18:		Social Security	Number	Hom	e Phone ()	
	reviously employed at name(s) are your	or attended school under ar records:	other name?	YES		NO	
		ny crime under civilian or r ure of each offense (such co					∏No /ment categories):
POSITION DE	SIRED						
Position/Job Title						Date Av	ailable
Availability (Checl	k all that apply): □Part-time	PRN(as needed)	Temporary	Days	Eve	nings	Weekends
Have you ever be	en employed with T If yes, when and	he Ohio Educational Credit l in what position	Jnion?				
Have you ever ap ☐YES ☐NO	plied at The Ohio Eo If yes, when?	ducational Credit Union befo	re?				
Can you furnish p □YES □NO	roof that you are eitl	ner a US Citizen or otherwise	e legally permitted to w	ork in the United S	States?		

EMERGENCY NOTIFICATION		
Name	Relationship	Phone ()
Address (Number, Street Name, Apt. #)		
City	State	Zip

ACQUAINTANCES AND/OR RELATIVES EMPLOYED/ASSOCIATED WITH THE OHIO EDUCATIONAL CREDIT UNION						
Name	Relationship	Department				
Name	Relationship	Department				
Name	Relationship	Department				
	-	•				

EDUCATIONAL RECORD Please Circle One	Highest Grade Completed: 1	2 3 4 5 6 7 8 9 10 11 12
TYPE OF SCHOOL	NAME & LOCATION	DID YOU GRADUATE? (Yes or No) MAJOR/DEGREE
High School		
Junior College		
College/University		
Business/Trade School		
Other		

SKILLS/TRAINING

Other Skills or Training Not Listed Above:

		and the state of the second state of the second		
COMPUTER SKILLS (C	Check applicable boxes and i	nclude software title and	d years of experience)	
Word Processing	Years :	Internet	Years:	
	Years: Years:	∐E-Mail	Years: Years:	
LICENSED/CERTIFIED				
Are you licensed or certified in	n your profession/occupations?	□ YES	□NO	
If yes, in which states?				
If you are not licensed in OHI	O – have you applied?	□YES	□NO	
If yes, what is the status of yo	our application?			
OHIO License or Registration	Number	Expiration Date		
Additional Certification Inform	ation:			
WORK HISTORY (Mus	st be completed)	List m	ost recent first (For Past 10 Year	rs)
				•)
1. Employed (Component	A Nome			0)
1. Employer's (Company	r) Name		Phone ()	
1. Employer's (Company Address (Number, Street, City	-			
Address (Number, Street, City	-		Phone ()	
	-	Name of Immediate Supervis	Phone ()	
Address (Number, Street, City	-		Phone ()	
Address (Number, Street, City Job Title Duties	-		Phone ()	
Address (Number, Street, City Job Title	-		Phone () sor Status: □Full-time □Part-	
Address (Number, Street, City Job Title Duties Employment Dates: From(month/year)	y, State, Zip)	Name of Immediate Supervis	Phone () sor	
Address (Number, Street, City Job Title Duties Employment Dates:	y, State, Zip)	Name of Immediate Supervis	Phone () sor Status: □Full-time □Part-	
Address (Number, Street, City Job Title Duties Employment Dates: From(month/year) Reason for Leaving:	y, State, Zip) To(month/year)	Name of Immediate Supervis	Phone () sor Status: _Full-time PartOther	
Address (Number, Street, City Job Title Duties Employment Dates: From(month/year)	y, State, Zip) To(month/year)	Name of Immediate Supervis	Phone () sor Status: □Full-time □Part-	
Address (Number, Street, City Job Title Duties Employment Dates: From(month/year) Reason for Leaving:	y, State, Zip) To(month/year)	Name of Immediate Supervis	Phone () sor Status: _Full-time PartOther	
Address (Number, Street, City Job Title Duties Employment Dates: From(month/year) Reason for Leaving: 2. Employer's (Company	y, State, Zip) To(month/year)	Name of Immediate Supervis	Phone () Sor Status: Full-time Part- Other Phone ()	

Salary:

□Full-time □Part-time □Other____

Status:

Duties

Employment Dates: From(month/year)

3. Employer's (Company) Name

Phone ()

Address (Number, Street, City,	State, Zip)				
Job Title		Name of Immediate Supervisor			
Duties					
Employment Dates: From(month/year)	To(month/year)	Salary:	Status:	□Full-time □Other	Part-time
Reason for Leaving					
4. Employer's (Company) I	Name	Ρ	hone ()		
Address (Number, Street, City,	State, Zip)				
Job Title		Name of Immediate Supervisor			
Duties					
Employment Dates: From(month/year)	To(month/year)	Salary:	Status:	□Full-time □Other	Part-time
Reason for Leaving					
5. Employer's (Company) I	Name	Ρ	hone ()		
Address (Number, Street, City,	State, Zip)				
Job Title		Name of Immediate Supervisor			
Duties					
Employment Dates: From(month/year)	To(month/year)	Salary:	Status:	□Full-time □Other	Part-time
Reason for Leaving					
*****	*****	******	******	*******	*****
Have you ever been termir If "YES" please explain:	nated or asked to resign from	m a position?	YES		

Please explain any gaps in your work history (reasons other than personal illness/injury or disability):

PLEASE PROVIDE ALL REQUESTED INFORMATION TO ENSURE CONSIDERATION OF YOUR APPLICATION

APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF EMPLOYMENT APPLICATION

I certify that all information I have supplied in this application and any other form, oral or written is true and accurate. I agree that any misstated, misleading, incomplete or false information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of employment or immediate discharge without recourse, whenever and however discovered.

I authorize **The Ohio Educational Credit Union** ("OECU") to use all legal means at its disposal to assess my suitability for employment. I understand and agree that OECU, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent or person may have. I specifically authorize this disclosure and agree to hold all such corporations, agents or persons harmless for same. That is, I will not file a lawsuit, claim or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

If I am hired, I agree to abide by all rules and regulations of OECU. I also understand that nothing in this employment application creates a contract of employment between myself and OECU. If I am hired by OECU, my employment and compensation are "at-will" which means that my employment may be terminated, either by me or by OECU with or without notice or cause. I understand that no representative of OECU other than the CEO has authority to enter into any agreement for employment for a specific period of time or to make any agreement contrary to the foregoing.

I understand and agree with the fact the OECU maintains a drug-free workplace, that maintenance of the same is essential to the safety of the employees, members and visitors. I further understand that I will be required to undergo a comprehensive drug screen. I also understand and agree that I may be subject to such testing during the course of my employment (for cause testing). I understand that, subject to applicable law, that OECU will be the sole judge of the acceptability of any test results. Failure to sign a consent form or cooperate with the testing will result in termination of the hiring process or if already employed, termination of employment.

If hired, I consent to the submission of a request for complete background investigation including criminal records and a credit check.

I understand that OECU is a smoke-free environment. Smoking is prohibited by employees, members and visitors throughout the interior and exterior premises.

I understand and agree that work schedules and requirements may vary. While OECU will make reasonable efforts to maintain a consistent work schedule I may be required to work overtime, weekends or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.

I understand that OECU does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application will remain active and on file with OECU for six months.

Signature of Applicant			Date
Are you presently employed?	□ YES	□NO	
May we contact your present employer?	P □YES	□NO	

The State Legislature has enacted Section 4113.71 of the Ohio Revised Code ("ORC") (the "ACT") in order to confer a qualified immunity upon employers who disclose job performance information to prospective employers of current **or** former employees. In particular, the Act provides that an employer who discloses requested information to a prospective employer is not liable for damages in a civil action to that employee, the prospective employer and any other person "for harm sustained as a proximate result of making the disclosure or of any information".

The Ohio Educational Credit Union

Employment References

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Please provide three professional references.

Reference Name:				
Company Name:				
Phone Number:				
Address:	City	State	Zip	
Relationship: 🗌 Manager	Co-worker	Other:		

Reference Name:				
Company Name:				
Phone Number:				
Address:	City	State	Zip	
Relationship: 🗌 Manager	Co-worker		Ζιμ	

Reference Name:						
Company Name:						
Phone Number:						
Address:	City	State	Zip			
Relationship:	Co-worker		<u>کال</u>			

NOTICE REGARDING BACKGROUND INVESTIGATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

The Ohio Educational Credit Union("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing The Ohio Educational Credit Union to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

DOB**
itate / Zip
State
Date:

**Date of Birth is being requested in order to obtain accurate retrieval of records.

Para information en espanol, visite <u>www.ftc.gov/credit</u> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <u>www.ftc.gov/credit</u> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit <u>www.ftc.gov/credit</u>.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA
	Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word	Office of the Comptroller of the Currency
"National" or initials "N.A." appear in or after bank's name)	Compliance Management, Mail Stop 6-6
	Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal	Federal Reserve Board
branches/agencies of foreign banks)	Division of Consumer & Community Affairs
	Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal"	Office of Thrift Supervision
or initials "F.S.B." appear in federal institution's name)	Consumer Complaints
	Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's	National Credit Union Administration
name)	1775 Duke Street
	Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation
	Consumer Response Center, 2345 Grand Avenue, Suite 100
	Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics	Department of Transportation, Office of Financial Management
Board or Interstate Commerce Commission	Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA
	Washington, DC 20250 202-720-7051