

RESIDENCY				
List all places of residence for the last seven (7) years , starting with the <i>most recent location first</i> .				
* Present Address: Street	* City	* State	* Zip	* Country
* Dates of Residency: From _____ To _____				
Previous Address: * Dates From To	* City	* State	* Country	
Previous Address: * Dates From To	* City	* State	* Country	
Previous Address: * Dates From To	* City	* State	* Country	

EDUCATION		
Starting with your highest degree/diploma, fill in at least your highest level of education <i>completed</i> .		
If you earned more than one degree at the same university please report each degree independently		
* Type of degree	* Name of Institution	* Degree/Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current Student
* Major/Area of Study	* City * State	* Country * Overall Grade Point Average * Highest possible GPA
Name under which you graduated or attended school (if different than current name) First Name: _____ Last Name: _____		
Type of degree	Name of Institution	Degree/Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current Student
Major/Area of Study	City State	Country Overall Grade Point Average Highest possible GPA
Name under which you graduated or attended school (if different than current name) First Name: _____ Last Name: _____		
Type of degree	Name of Institution	Degree/Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current Student
Major/Area of Study	City State	Country Overall Grade Point Average Highest possible GPA
Name under which you graduated or attended school (if different than current name) First Name: _____ Last Name: _____		
Type of degree	Name of Institution	Degree/Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current Student
Major/Area of Study	City State	Country Overall Grade Point Average Highest possible GPA
Name under which you graduated or attended school (if different than current name) First Name: _____ Last Name: _____		

MILITARY, VOCATIONAL, OR TECHNICAL SCHOOL TRAINING

Start with your **most relevant** degree/certification *first*.

Name of School	Degree/Certification	Degree/Certification Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location	Skills Obtained	Overall Grade Point Average Highest possible GPA
Name of School	Degree/Certification	Degree/Certification Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location	Skills Obtained	Overall Grade Point Average Highest possible GPA

Please list any additional licenses/certifications, or professional memberships which you hold and any offices held

EMPLOYMENT HISTORY

List all employment for the **last five (7) years**, including military service, starting with the *current/ most recent position first*.

* Employer General Phone Number	* Your Job Title	* Ending Base Salary * Additional Compensation: (\$)
* Dates of Employment: From To	* City * State * Country	* Supervisor Name * Supervisor Title Supervisor Phone Number
Reason for leaving		
* May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Employer General Phone Number	Your Job Title	Ending Base Salary Additional Compensation: (\$)
Dates of Employment: From To	City State Country	Supervisor Name Supervisor Title Supervisor Phone Number
Reason for leaving		
* May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Employer General Phone Number	Your Job Title	Ending Base Salary Additional Compensation: (\$)
Dates of Employment: From To	City State Country	Supervisor Name Supervisor Title Supervisor Phone Number
Reason for leaving		
* May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Employer General Phone Number	Your Job Title	Ending Base Salary Additional Compensation: (\$)
Dates of Employment: From To	City State Country	Supervisor Name Supervisor Title Supervisor Phone Number
Reason for leaving		
* May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Employer General Phone Number	Your Job Title	Ending Base Salary Additional Compensation: (\$)
Dates of Employment: From To	City State Country	Supervisor Name Supervisor Title Supervisor Phone Number
Reason for leaving		
* May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* Are you a former employee of Deer Valley Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, Complete the following</i>

Employment Dates From To	Job Title	Location
Primary reason for leaving		
* Are you receiving benefits under a Deer Valley Credit Union sponsored pension, severance, insurance or other benefit plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
* Are you a member of a board, an officer of, a substantial owner of or operator of any for-profit company or business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES,</i> Company or Business Name:		

REFERENCES				
List at least three (3) professional references that may be contacted by Deer Valley Credit Union				
Type of Reference	First Name	Last Name	Phone Number	Email address
<input type="checkbox"/> * Professional <input type="checkbox"/> * Personal	*	*	*	
<input type="checkbox"/> * Professional <input type="checkbox"/> * Personal	*	*	*	
<input type="checkbox"/> * Professional <input type="checkbox"/> * Personal	*	*	*	
<input type="checkbox"/> Professional <input type="checkbox"/> Personal				
<input type="checkbox"/> Professional <input type="checkbox"/> Personal				

Please provide any additional information you would like to share regarding any section of this application

CERTIFICATION STATEMENT

I understand that any omissions or misrepresentations by me in this application or any other documentation submitted in support of this application, including a resume, may be cause for immediate dismissal or revocation of any employment offer. Any offer of employment is contingent upon satisfactory results of a job-related medical examination where applicable, a drug test by a company designated vendor at company expense, and a successful background investigation. I understand I may be required to take and pass an employment test and/or provide military discharge certificate before I begin employment.

All applicants for employment will be considered without regard to race, religion, color, national origin, sex, pregnancy status, marital status, age, disability/handicap, veteran status, sexual orientation, sexual affectation, or any other legally protected characteristic.

I authorize Deer Valley Credit Union to verify information I provide on my employment application and to make whatever inquiries Deer Valley considers appropriate concerning this information except information concerning HIV status, but including without limitation, my personal and employment references, public records, education and employment history. I authorize all my former employers, school officials, instructors, credit bureaus, local, state, and federal authorities, other persons named herein or subsequently provided as references, and other persons with information regarding my qualifications to give to Deer Valley Credit Union, or its agents, any oral or written information they have regarding me. I also understand that as a condition of being considered for employment I may be requested to authorize release of information to Deer Valley and I will provide this authorization upon request. I hereby release these companies, organizations, agents, individuals, and Deer Valley Credit Union. from any liability for any damage whatsoever resulting from the investigation, use or disclosure of such information.

I UNDERSTAND THAT THIS APPLICATION, OR EMPLOYMENT THAT RESULTS FROM THIS APPLICATION, DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED BY DEER VALLEY, MY EMPLOYMENT WILL BE AT WILL. THIS MEANS THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE, AND THE COMPANY HAS THE SAME RIGHT. I REPRESENT THAT I CAN PERFORM THE JOB FOR WHICH I AM BEING CONSIDERED WITHOUT DISCLOSING TO DEER VALLEY OR ANY OF ITS EMPLOYEES ANY CONFIDENTIAL INFORMATION OR TRADE SECRETS I ACQUIRED FROM ANY OF MY PRIOR EMPLOYERS.

PLEASE SIGN AND DATE THIS APPLICATION BELOW

I certify that all information I have provided is true and complete. By signing here, I agree that I have read and do understand and consent to the Certification Statement above.

APPLICANT SIGNATURE

Signed:

Title: Applicant

Dated:

This is an electronic signature, and is given in accordance with U.S. federal regulations governing the legal and binding effectiveness of electronic signatures.