First Name _____ MI ___ Last Name _____ Date _____

Referral Source:

☐ Walk-in ☐ Employee ☐ Agency ☐ School ☐ Relative ☐ Advertisement ☐ Internet Posting ☐ Other

Name of person who referred you, if applicable: _____

# APPLICATION FOR EMPLOYMENT

Community Trust Credit Union is an equal opportunity employer. Applicants are evaluated without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This application will be valid for 30 days. Further consideration after that time will be cause for re-application.

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Please return completed application to:

Community Trust Credit Union
Attn: Human Resources
1263 N. IL Route 83
Grayslake, IL 60030
Fax: 847-543-1063
E-mail: HumanResources@ctcu.org

## IDENTIFICATION

First Name _____ MI _____ Last Name _____ NMLS ID# _____

Street Address _____ Previous Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Phone Number _____ Cell Number _____ Email address _____

Position Desired _____

## PERSONAL DATA

Date Available for Employment _____

Type of employment desired ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

Are you willing to work any day of the week, overtime, and weekends? ☐ Yes ☐ No If no, please explain.

Is there anything that might prevent you from safely and effectively performing the job for which you are applying? If so, please explain.

Have you previously been employed by Community Trust Credit Union? ☐ Yes ☐ No If yes, give dates. _____

Have you ever had bond coverage revoked, modified, or has an application for bond ever been declined? Please explain.

## EMPLOYMENT ELIGIBILITY

Are you eligible to work in the United States? ☐ Yes ☐ No If no, please explain your visa status.

Have you applied for employment with Community Trust Credit Union previously? ☐ Yes ☐ No If yes, please list date (month/year). _____

Do you have any relatives or anyone living in your household in our employment? ☐ Yes ☐ No

## EDUCATION

| SCHOOLS | NAMES AND LOCATIONS OF INSTITUTIONS | GRADUATED YES | GRADUATED NO | AREAS OF SPECIALIZATION |
|---|---|---|---|---|
| High School | | | | |
| College | | | | |
| Other | | | | |

College Major _____ Minor _____ GPA/Class Rank _____

Are you pursuing further studies? ☐ Yes ☐ No If yes, what courses and when?

List courses, workshops, seminars, and other specialized or advanced training received

List memberships, activities, professional, trade, business, community, or civic associations, and any positions held
(Exclude memberships that would reveal race, religion, or national origin of its members)

Office machines, equipment, and computer programs operated

## LIST EMPLOYERS BEGINNING WITH THE MOST RECENT

**May we contact for reference?**

☐ Yes ☐ No ☐ Later

Name of Employer

Street Address | City | State | Zip Code

Phone Number | Supervisor and Title

Your Title

Dates Employed

From: To:

Reason for leaving

Describe the type of work performed and principal responsibilities

---

**May we contact for reference?**

☐ Yes ☐ No ☐ Later

Name of Employer

Street Address | City | State | Zip Code

Phone Number | Supervisor and Title

Your Title

Dates Employed

From: To:

Reason for leaving

Describe the type of work performed and principal responsibilities

---

**May we contact for reference?**

☐ Yes ☐ No ☐ Later

Name of Employer

Street Address | City | State | Zip Code

Phone Number | Supervisor and Title

Your Title

Dates Employed

From: To:

Reason for leaving

Describe the type of work performed and principal responsibilities

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Do you authorize previous employers to release information related to your employment with their organization, including but not limited to: dates of employment, job title and attendance/reliability information. ☐ Yes ☐ No

Please account for any gaps in employment in the space below:

## REFERENCES

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list school or personal references that are *not* related to you.

| Name | Telephone | Relationship | Years known |
|---|---|---|---|
| | | | |
| Name | Telephone | Relationship | Years known |
| | | | |
| Name | Telephone | Relationship | Years known |
| | | | |

Use the space below to describe your interest in COMMUNITY TRUST CREDIT UNION. Please describe the skills and aptitudes that you feel qualify you for a position with the credit union.

## CERTIFICATION

I certify that all information I have provided in this application for employment with COMMUNITY TRUST CREDIT UNION is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application or 2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, COMMUNITY TRUST CREDIT UNION, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding COMMUNITY TRUST CREDIT UNION, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, and organizations for furnishing such information about me.

I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that by completing this application, COMMUNITY TRUST CREDIT UNION does not guarantee a job interview or an offer of employment. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of COMMUNITY TRUST CREDIT UNION is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless signed by the President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete the I-9 Form in this regard.

If offered employment, I agree, in consideration for my employment, to conform to all rules and regulations COMMUNITY TRUST CREDIT UNION either has or will issue in the future.

You are **required** to enter a digital signature, which will be binding as your actual signature. Your electronic signature below indicates your agreement with the following statements: by typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Signature _____ Date _____

Federal law prohibits a federally insured credit union from employing a person who has been convicted of a crime of dishonesty or breach of trust, or has entered into a pretrial diversion program, absent prior approval from the federal regulator. I understand that I am not required to provide Community Trust Credit Union with any information about the sealed or expunged arrest records. Please identify whether you have been convicted of any of the following crimes during the last ten years:

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Receiving or claiming gifts for procuring loans; |
| ☐ | ☐ | Theft, embezzlement or misappropriation of money, funds, or securities; |
| ☐ | ☐ | Falsifying bookkeeping entries for loans, in exchange for compensation; |
| ☐ | ☐ | Submitting, false, forged, or counterfeit statements or documents to NCUA; |
| ☐ | ☐ | Falsifying statements on loan/credit applications to overvalue land or property to federal agencies; |
| ☐ | ☐ | Knowingly concealing assets from NCUA liquidating agent; |
| ☐ | ☐ | Fraud; |
| ☐ | ☐ | Obstructing exam of financial institution by federal agency; |
| ☐ | ☐ | Money laundering; |
| ☐ | ☐ | Monetary transactions in property derived from specific unlawful activity; |
| ☐ | ☐ | Participation in pretrial diversion program; |
| ☐ | ☐ | Convicted of a violation of a financial services-related statue or regulation, unless dismissed without a settlement agreement |
| ☐ | ☐ | Convicted of a violation of a financial services-related statue or regulation, unless dismissed without a settlement agreement; |
| ☐ | ☐ | Convicted of making a false statement or omission to state or federal regulatory agents or financial regulatory authority; |
| ☐ | ☐ | Convicted of making a false statement or omission which was dishonest or unethical to state or federal agents; and/or |
| ☐ | ☐ | Caused a financial services-related business license to be suspended, revoked or restricted. |

You are **required** to enter a digital signature, which will be binding as your actual signature. Your electronic signature below indicates your agreement with the following statements: by typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Signature _____ Date _____

# TO BE COMPLETED ONLY BY PROSPECTIVE MORTGAGE LOAN ORIGINATORS
# SAFE ACT RESPONSIBILITIES

As a prospective Mortgage Loan Originator, you are required to comply with the SAFE Act which requires you to register with the Nationwide Mortgage Licensing System and Registry ("Registry"). To do so, you should access the website at http://mortgage.nationwidelicensingsystem.org.

Once logged into the Registry, you are required to submit the following:

i) Employee identifying information:
   - Name and other names used
   - Home address and contact information
   - Principal business location address and business contact information
   - Social security number
   - Gender
   - Date and place of birth

ii) Financial services-related employment for ten years prior to the registration or renewal date;

iii) Conviction of a crime involving dishonesty, breach of trust, or money laundering or agreements to enter into a pretrial diversion or similar program;

iv) Civil judgments, dismissals with settlements, or orders that the applicant violated financial services-related statues or regulations, except for actions dismissed without a settlement agreement;

v) Actions or orders by a state or federal regulatory agency or foreign financial regulatory authority that:
   a. Finds an applicant made a false statement or omission, was dishonest, unfair or unethical, violated a financial services-related regulation or statue or caused a financial services-related business to have its license denied, suspended, revoked, or restricted;
   b. Deny, suspend, or revoke an applicant's registration or license to engage in a financial services business, the applicant is prevented from associated with a financial services business or the applicant's financial service responsibilities are restricted; or
   c. Barred an applicant from association with an entity or its officers regulated by the agency or authority or from engaging in a financial services-related business;

vi) Final order issued by a state or federal regulatory agency or foreign financial regulatory authority based on violations of any law or regulation that prohibits fraudulent, manipulative, or deceptive conduct;

vii) Revocation or suspension of the applicant's authorization to act as an attorney, accountant, or state or federal contractor; and

viii) Customer-initiated financial services-related arbitration or civil action against the applicant which resulted in a judgment.

Registration with the Registry is a term and condition of employment. If you fail to register or do not maintain or lose your registration, your employment will be terminated.

If hired, I acknowledge that I must maintain registration with the Registry. If I am convicted of a crime of dishonesty, breach of trust, fraud, money laundering or of a financial service-related crime, I must inform Human Resources immediately. If I fail to disclose a conviction or I am convicted of a crime of dishonesty, breach of trust, or conviction of financial service-related crime, I will be terminated.

By signing below, I agree to comply with the procedures to obtain and maintain registration as a Mortgage Loan Officer.

_____ ____ _____
First Name MI Last Name

_____ _____ _____ _____
Street Address City State Zip Code

You are **required** to enter a digital signature, which will be binding as your actual signature. Your electronic signature below indicates your agreement with the following statements: by typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

_____ _____
Signature Date

# EQUAL OPPORTUNITY EMPLOYER
# AFFIRMATIVE ACTION VOLUNTARY SURVEY

To be completed by applicant on a voluntary basis.
Not for interview purposes.
To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **strictly voluntary.** Failure to provide the information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

First Name _____ MI ___ Last Name _____ Date _____

Street Address _____

Phone Number _____

City _____ State ___ Zip Code _____

Ethnic Origin

☐ White ☐ Hispanic ☐ Asian/Pacific Islander

☐ African-American ☐ American Indian/Alaskan Native

Gender

☐ Male ☐ Female