

## Candidates for Official Positions Information Package

Date:				
Your full name	(PLEASE PRINT CLEARLY):			
First	Mi	ddle	Last	
Address:	Street:			
City:	State:		Zip Code	:
Phone No.:	Years	Resided:	Own	Rent
Date of Birth: _	· · · · · · · · · · · · · · · · · · ·	Social Security Nur	mber	<del> </del>
	City:		ate:	
Previous Addre	ss: Street:			
City:	State:		Zip Code	·
		<u>EMPLOYMENT</u>		
Employer:				
Location:	City	ity State:		
Occupation:				
Principal Duties	<b>3:</b>			
	years at present employer, co	mplete below:	e of Hire:	
Employer:				
Location:	City:	State	e:	
Occupation:		<del> </del>		
Principal Duties	S:			
Sunervisor		Date o	f Llivo	
SUDELVISOF.		DATE O	i mire:	

## **EDUCATION**

City:	State:				
Course of Study:					
Years Completed:	ars Completed: Year Graduated:				
Degree:					
Other schools attende business managemer		and other life experience cision marking.	s that have provided	you with ed	ucation in
	<u>MAJOR</u>	BUSINESS ACTIVITY - PA	AST FIVE YEARS		
Name of Business	City, State	Type of Business	Your Position	From	То
List other significant it	tems that pertain	to your business backgro	ound:		

State why you believe you are qualified for this position:		
List any Organizations or Associations with which you have been affiliated in the last five years:		
BUSINESS REFERENCES		
Name:		
Address:		
Type of Business:		
Person to Contact:		
Phone No.:Years Known:		
Name:		
Address:		
Type of Business:		
Person to Contact:		
Phone No.:Years Known:		
Name:		
Address:		
Type of Business:		
Person to Contact:		
Phone No · Veare Known:		

	Yes	No
1. Has a claim pertaining to a fidelity bond ever been filed against you?		
2. Have you ever been denied coverage under a fidelity bond?		
3. Have you ever filed a petition for bankruptcy in the last ten years?		
4. Are any suits pending against you?		
5. Are any unsatisfied judgments pending against you?		
6. Are there any material, legal or administrative proceedings pending against you?		
7. Have you ever been indicated or convicted of a crime by either a state or federal court?		
8. Have you ever served as an official for a credit union?		
If yes, Where: When:		
If you have answered yes to any of the above, please give full details and attach copy your possession which pertain to you.	oies of any doc	cuments in
I certify that the above information is true and correct to the best of my knowledge.		
Signature	Date	

## AUTHORIZATION FORM FOR CREDIT REPORT

I hereby authorize **West Branch Valley Federal Credit Union** and give my consent to order a consumer report on me from one or more consumer reporting agencies, which may also include criminal convictions checked in connection with applying for an official position.

Please provide the information below and sign the authorization. Your signature authorizes **West Branch Valley Federal Credit Union** to request a consumer report and conduct a background check.

Name:			
	(Last)	(First)	(Initial)
Addres	s:		
	(Street)		
	(City)	(State)	(Zip Code)
Social S	Security Number:	<del>-</del>	
Birth da	ate:/	<b>/</b>	
	nature below authorize and background check	es the West Branch Valley Federa (.	al Credit Union to conduct a
Signati			Date