



Bring this completed application to one of our three branches or email your application to: hr@whiteeaglecu.com 2830 Ohio Street Augusta, KS 67010 316-775-7591 202 W. Central El Dorado, KS 67042 316-320-7649

300 W. Broadway Newton, KS 67114 316-283-8517

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name		Date of Application	
Address	City	State	ZIP
Phone #		Email	
Position Applying For		Date A	vailable to Start
Are you able to perform the essential job functions of the positi reasonable accommodation?	ion for which you are app	lying with or wit	hout
If required, will you work Saturdays? 🛛 Yes 🛛 No			
Salary Requirements: \$/hr \$/yr			
State fully why you believe you are qualified for this position:			

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your suitability for the position for which you are applying.) **Yes No**

If yes, please explain

Education and Training

	Name and Address of School	Major/Course Studied	Graduated or Degree? (Y/N)
High School			
College or University			
Graduate/Professional School			
Other (Please specify)			

You may wish to list significant experience, interests and accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Please list any other skills you have that are appropriate for the position for which you are applying.

Employment History

Full Name of Co	mpany		Phone	Number
Address		City	State	ZIF
Name/Title of Sup	pervisor		Title of Your Positio	'n
Dates Employed	Ending Salary	Reas	son for Leaving	

2				
Full Name of Company			Phone Number	
Address		City	State	ZIP
Name/Title of Supervisor		Title of Your Position		
Dates Employed	Ending Salary	Reason for Leaving		
List jobs held, duties performed, skills use		vhile employed at this com	pany:	
3				
Full Name of Compan	у		Phone	e Number
Address		City	State	ZIP
Name/Title of Supervise	or	Title of Your Position		on
Dates Employed	Ending Salary	Reason for Leaving		
List jobs held, duties performed, skills use	ed, and promotions v	while employed at this com	pany:	
4				
Full Name of Company			Phone Number	
Address		City	State	ZIP
Name/Title of Supervise	or	Title of Your Position		on
Dates Employed	Ending Salary	Reasor	n for Leaving	
List jobs held, duties performed, skills used, and promotions while employed at this company:				

References

Please provide contact information for THREE people who are familiar with your abilities to perform the duties of the position for which you are applying. (TWO professional references and ONE personal reference are preferred).

Name	Best Contact Phone Number	Email Address

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ Date _____