

Employment Application

Bring this completed application to one of our three branches or email your application to: hr@whiteeaglecu.com	2830 Oh Augusta, 316-775-	KS 67010	2218 Legio El Dorado, l 316-320-76	(S 67042	300 W. Broadway Newton, KS 67114 316-283-8517
We are an Equal Opportunity Employer and fully subscribe employees are considered for hire, promotion and job state origin, age, physical or mental disability.					
Name		<u> </u>		Date o	of Application
Address		C	ity	State	ZIP
Phone #				Email	
Position Applying For Full-Time Par	rt-Time	Either		Date	e Available to Start
reasonable accommodation?	/y				
Have you been convicted of any felonies other than record or a conviction will not automatically bar emplained suitability for the position for which you are applying	oloym <u>en</u> t, l	out w <u>ill</u> be cor	• .	•	•
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 hobbyist that may be useful in not be mentioned.			rking as a volunteer or as a nating religion, race, etc. need
Please list any other skills you l	nave that are appropriate for the	he position for which you are a	applying.
Employment History		1	
Full Name of Company			Phone Number
Ad	dress	City	State ZIP
Name/Title	of Supervisor	Title	of Your Position
Dates Employed	Ending Salary Reason for Leaving		or Leaving
List jobs held, duties performe	d, skills used, and promotions	while employed at this compa	any:

Full Name of Company			Phone Number	
Address		City	State	ZIP
Name/Title of Supervi	sor		Title of Your Positio	n
Dates Employed	Ending Salary	Reason for Leaving		
t jobs held, duties performed, skills us	sed, and promotions while	e employed at this co	ompany:	
			1	
Full Name of Commo			Dhana	Number
Full Name of Compa	ny 		Phone	vumber
Address		City	State	ZIP
		,		
Name/Title of Supervi	sor	Title of Your Position		n
Dates Employed	Ending Salary	Rea	son for Leaving	
t jobs held, duties performed, skills us	sed, and promotions while	e employed at this co	ompany:	
		<u> </u>		
Full Name of Compa	ny		 Phone	Number
·	ny			
Full Name of Compa Address	ny	City	Phone State	Number ZIP
Address		City	State	ZIP
·		City		ZIP
Address			State	ZIP
Address Name/Title of Supervi	sor Ending Salary	Rea	State Title of Your Positio son for Leaving	ZIP

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.						