



Whitefish Credit Union, the largest credit union in the state of Montana, seeks to hire a

## **Consumer Loan Processor**

to join its Kalispell Operations Center.

The successful candidate will process disclosures and closing documents for consumer loans; create and fund new loans according to regulation and WCU policy; review application input for accuracy and completeness; offer clerical and customer service support to internal staff.

**Skills required:** Ability to communicate effectively verbally, in writing, and over the phone; to follow oral/written instructions; to work independently and as part of a team; to prioritize work and juggle multiple simultaneous projects. Willingness to learn on the job and improve loan-related skills. Possess excellent problem-solving, analytical, and organizational skills.

**Education required:** High school diploma is required, with 1-2 years' professional experience with accounting or lending procedures preferred.

Compensation, which is DOE, includes a generous benefits package. The position is full-time hourly.

**To Apply:** Submit cover letter, resume and letters of reference with the following application to [recruitment@whitefishcu.com](mailto:recruitment@whitefishcu.com), or mail to:

Whitefish Credit Union  
Attn: Human Resources Department  
PO Box 37  
Whitefish, MT 59937

Open Until Filled.

Whitefish Credit Union is an EO/AA Employer.

**Application for Employment**  
**Whitefish Credit Union**  
**P.O. Box 37**  
**Whitefish, MT 59937**

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.

Date of application \_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

**EDUCATION & TRAINING:**

Circle last grade completed –    Grade 1 2 3 4 5 6 7 8 9 10 11 12    College 1 2 3 4    Masters \_\_\_\_\_    Doctorate \_\_\_\_\_

Name & Address of School	Major Course	Graduated or Degree (Y/N)	Average Grade
Last High School Attended/Address:			
College or University/Address:			
College or University/Address:			

Other School (Technical, Vocational, Graduate, etc.) /Address \_\_\_\_\_

List any scholarships, academic honors, awards or special achievements: \_\_\_\_\_

**SKILLS** Please list any skills you have that are appropriate for the position you are applying for:

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If required, will you work:

Rotating shifts  YES  NO

Saturdays  YES  NO

Overtime  YES  NO

Sundays  YES  NO

Position applying for (please be specific): \_\_\_\_\_

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Salary Requirements: \$ \_\_\_\_\_  per hour \$ \_\_\_\_\_  per month

State fully why you believe you are qualified for this position \_\_\_\_\_

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

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**Date you can start** \_\_\_\_\_

**EMPLOYMENT HISTORY**

FULL NAME OF COMPANY _____ (AREA CODE) TELEPHONE _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ NAME/TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____ LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY _____ _____ _____ _____	Salary Begin _____ Salary End _____ Employed from _____ to _____ Reason for leaving _____ _____ _____ _____
FULL NAME OF COMPANY _____ (AREA CODE) TELEPHONE _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ NAME/TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____ LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY _____ _____ _____ _____	Salary Begin _____ Salary End _____ Employed from _____ to _____ Reason for leaving _____ _____ _____ _____
FULL NAME OF COMPANY _____ (AREA CODE) TELEPHONE _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ NAME/TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____ LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY _____ _____ _____ _____	Salary Begin _____ Salary End _____ Employed from _____ to _____ Reason for leaving _____ _____ _____ _____
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Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?  Yes  No

Are you bondable?  No  Yes

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 fitness to perform in the position for which you are applying.)  No  Yes

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**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** \_\_\_\_\_

In applying for employment with Whitefish Credit Union, I hereby authorize Whitefish Credit Union, or any designated agent(s) working in Whitefish Credit Union's behalf to obtain and review my consumer credit report and or any other credit related information pertaining to me.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, before any adverse action is taken, based on upon review of such consumer credit report, I will be provided with a copy of said report as well as a summary of consumer's rights.

I hereby fully release Whitefish Credit Union, and any and all of its employees, directors, agents, successors and assigns, and all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any subsequent investigation(s) of my credit history.

I hereby state that all information I have provided to Whitefish Credit Union, in any form, is true to the best of my knowledge. I understand that any known misrepresentation made to Whitefish Credit Union by me will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment with Whitefish Credit Union if I am hired or advanced by the Whitefish Credit Union before such misrepresentation is identified. I fully understand this authorization, waiver and release of liability is not an offer or a contract for employment by Whitefish Credit Union.

Signature

Date:

\_\_\_\_\_

(Applicant)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Print Name)

## PRE-EMPLOYMENT INFORMATION SELF-IDENTIFICATION FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### RACE/ETHNICITY

- Hispanic/Latino (If yes, check box and skip to Gender. If no, use categories below.)
- White
- Black or African American
- Asian
- American Indian / Alaskan Native
- Hawaiian / Pacific Islander
- Two or More Races
- Choose not to self-identify

### GENDER

- Male
- Female
- Choose not to self-identify

*Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, marital status, medical condition or disability.*

*Please complete this information to assist us in complying with Equal Opportunity/Affirmative Action recordkeeping and reporting requirements. Providing this information is voluntary, and refusal to provide the information will not result in any adverse treatment. This information will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.*

## **Invitation to Self-Identify (Veteran Status)**

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or** a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Disabilities include, but are not limited to:

• Blindness	• Autism	• Bipolar disorder	• Post-traumatic stress disorder (PTSD)
• Deafness	• Cerebral palsy	• Major Depression	• Obsessive compulsive disorder
• Cancer	• HIV/AIDS	• Multiple sclerosis (MS)	• Impairments requiring use of a wheelchair
• Diabetes	• Schizophrenia	• Missing limbs or partially missing limbs	
• Epilepsy	• Muscular dystrophy	• Intellectual disability (previously called mental retardation)	

### Please check one of the boxes below

- YES, I HAVE A DISABILITY (or) previously had a disability
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform you job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.