



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

Member Services Representative

to join its Kalispell Operations Center.

The successful candidate will serve as a professional, knowledgeable and friendly “face” and “voice” of Whitefish Credit Union’s member service and lending; direct Members to appropriate personnel and/or departments; open new Member accounts; process loan requests from Members for personal lines and consumer loans; and provide Member services such as notary, payment processing, research, etc.

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 and communicate Whitefish Credit Union history, philosophy and organizational structure. Ability to learn basic Teller and Loan Officer functions. Possess knowledge of NCUA insurance and IRA guidelines/procedures. Possess excellent problem-solving, analytical, and organizational skills.

Education/experience required: High school diploma or equivalent; 1-3 years’ professional Member service experience; 1-3 years’ professional banking or credit union experience

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, 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 _____

Position(s) applying for (please be specific): _____

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

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(s) (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:

If required, will you work:

Rotating shifts YES NO

Saturdays YES NO

Overtime YES NO

Sundays YES NO

State fully why you believe you are qualified for this position _____

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.

Date you are available to start _____

EMPLOYMENT HISTORY – Use multiple pages if needed.

FULL NAME OF COMPANY _____ (AREA CODE) TELEPHONE _____				Salary Begin _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____				Salary End _____
NAME/TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____				Employed from _____
List jobs held, duties performed, skills used & promotions while employed at this company: _____ _____ _____				To _____
				Reason for leaving: _____ _____ _____
FULL NAME OF COMPANY _____ (AREA CODE) TELEPHONE _____				Salary Begin _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____				Salary End _____
NAME/TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____				Employed from _____
List jobs held, duties performed, skills used & promotions while employed at this company: _____ _____ _____				To _____
				Reason for leaving: _____ _____ _____
FULL NAME OF COMPANY _____ (AREA CODE) TELEPHONE _____				Salary Begin _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____				Salary End _____
NAME/TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____				Employed from _____
List jobs held, duties performed, skills used & promotions while employed at this company: _____ _____ _____				To _____
				Reason for leaving: _____ _____ _____
FULL NAME OF COMPANY _____ (AREA CODE) TELEPHONE _____				Salary Begin _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____				Salary End _____
NAME/TITLE OF SUPERVISOR _____ TITLE OF YOUR POSITION _____				Employed from _____
List jobs held, duties performed, skills used & promotions while employed at this company: _____ _____ _____				To _____
				Reason for leaving: _____ _____ _____

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? Yes No

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.) Yes No

If yes, explain _____

Please list any current Whitefish Credit Union employees with whom you are acquainted: _____

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.

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 line 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.

Choose one:

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 1/31/2020
Page 7 of 8

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.¹ 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 an 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 the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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 1/31/2020
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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 your 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.

ⁱ 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.

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.