



Board – Director Application

Name: _____ Member Number: _____

Address: _____

Home Phone: _____ Business Phone: _____

Please tell us about yourself (education, employment, other social involvement – may attach separate resume): _____

What would you like to achieve as an FPFCU Board Member?

Any additional information that you feel would be necessary for the application?

TELL US WHAT YOU WANT YOUR FELLOW BOARD MEMBERS TO KNOW ABOUT YOU:

I affirm that all items in this application are true and correct to best of my knowledge and I agree to run for an open position on the Financial Partners FCU Board of Directors.

Board Candidate Signature

Date

*Thank you for completing this form. As you can imagine, this type of position has considerable access to highly sensitive information. To protect our members, we conduct a complete background check on all potential Board members and volunteers. **Please complete the attached background investigation form and confidentiality agreement.***



BACKGROUND CHECK NOTICE TO APPLICANT AND AUTHORIZATION FOR CONSUMER REPORT

The purpose of this notice is to inform you that we will be conducting a pre-employment background investigation in conjunction with your application for employment with our company. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number
- DMV Record
- Criminal Convictions
- Prior Employment History
- Educational History

As part of this investigation, the Company will obtain a consumer report from the Consumer Reporting Agency, Transunion, for employment purposes. The Company may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

By your signature below, you authorize the Company to obtain this consumer report. If you wish to receive a copy of the report, please include your address below. This notice and authorization is in accordance with the Fair Credit Reporting Act.

I authorize the Company to obtain a consumer report for employment purposes.

Signature: _____ SSN: _____ BD: _____

Name (print): _____ Date: _____

I wish to receive a copy of my consumer report. My address is:

Print Name (Last, First, & Middle)			
Address	City	State	Zip Code
Driver's License #	State of Issue	Issue Date	Exp Date

The following is intended to inform and otherwise notify the Credit Reporting Agency:

This notice is intended to certify compliance, to the best of our ability, with the requirements as outlined in the Fair Credit Reporting Act. The applicant or employee's signature demonstrates their express authorization and understanding of this background check and the information it will yield.

I, the Employer, certify the following:

- The applicant, or employee, has been notified, and their permission was granted to get a consumer report;
- I have complied with all of the FCRA requirements; and
- There will be no discrimination against the applicant or other misuse of the information, as provided by any applicable federal or state equal opportunity laws or regulations.

Signature: _____

Date: _____

Name (print): _____

Title: _____



Confidentiality Agreement

The undersigned employee, officer, director, agent or volunteer of Financial Partners FCU (credit union) understands and agrees that all information maintained by the credit union is confidential. The undersigned is authorized to access and use such information, including the information we maintain regarding our members only when specifically authorized by the credit union or as necessary for the performance of your duties to or for the credit union.

Access to the credit union and member information, and the release or disclosure of such information to any person not authorized to access, obtain or use such information is strictly prohibited. This includes release or allowing access to other employees of the credit union unless there is legitimate business need for such release or access, as well as third parties.

I understand that any violation of this Agreement may result in discipline up to including discharge from employment or my duties as a volunteer of the credit union. In addition I understand that violation of my duties under this Agreement may expose me personally as well as the credit union to civil litigation and damages. The credit union has no obligation to provide or pay for the defense of any legal action arising or relating to my violation of this Agreement. Further, I agree to indemnify and hold the credit union harmless for any and all damages, costs and expenses, including attorneys' fees and legal costs that it may incur as a result of my violation of this Agreement.

Employee/Volunteer Signature: _____

Date: _____