

HOOSIER HILLS CREDIT UNION
Candidate Application

APPLICATION FOR NOMINATION TO SERVE ON THE

Board of Directors

Supervisory/Audit Committee

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Home Phone:

Email:

Cell Phone:

Address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Start date:

Phone:

Email:

Fax:

City:

State:

ZIP Code:

Position:

Please include resume if available.

EDUCATION

School Name:

Years Attended:

Additional:

MISCELLANEOUS

Member Number at HHCUC:

How long have you been a member of HHCUC?

Have you ever been convicted of a felony?

(Yes)

(No)

Have you been employed by the credit union within the last two years?

(Yes)

(No)

What HHCUC products/services do you currently use:

Savings

(Yes)

(No)

Share Draft

(Yes)

(No)

IRA

(Yes)

(No)

Certificates

(Yes)

(No)

Car Loan

(Yes)

(No)

Home Loan

(Yes)

(No)

Credit Card

(Yes)

(No)

Personal Loan

(Yes)

(No)

Other

Are you a member of any other credit unions?

(Yes)

(No)

If yes, please provide names and dates joined:

How long were you a member of each?

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Do you own stock or hold interest in any bank, mutual fund, savings and loan association, investment counseling service, loan company, or any other company competing with HHCU?	(Yes)	(No)
Have you been a Director or Committee member at another business in the past (if so, where and in what capacity)?	(Yes)	(No)
Will you abide by the norms of professionalism, rules of the credit union, bylaws of Board Governance and laws of the United States of America if you become a Director or Committee member of Hoosier Hills Credit Union?	(Yes)	(No)
SKILLS		
Please describe your skills and/or experience in the following areas:		
Financial Management/Analysis:		
Management/Administration:		
Human Resource Management:		
Other Work-related Skills/Experience: (Information Technology, Audit, Accounting, Marketing, etc.)		
Board or Committee Experience:		
Community/Service Organization Experience:		

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REFERENCES

Please give four references that are not related to you.

Name:	Years Known:	Phone:

RELATIONSHIPS

Do you have any relatives presently employed, serving on the Board of Directors or Supervisory Committee at Hoosier Hills Credit Union? If so, please provide name(s) and relationship below:

Name:	Relationship:	Phone:

PERSONAL STATEMENT

How do you feel you can contribute to the success of Hoosier Hills Credit Union in the Board/Supervisory position?

SIGNATURES

I certify that having fully read the enclosed materials, that I have the time and resources to fulfill the responsibilities and commitment of the role of Director or Committee member (Yes) (No)

I certify that the information in this application or on any attachment hereto is true and correct.

I authorize you to gather and verify whatever employment, bondability and credit information you consider necessary and appropriate from time to time. I authorize you to obtain credit reports and other consumer investigative reports, including social media sites, in conjunction with this application. I understand the information obtained will not be used in violation of any federal or state law or regulation.

Name (please print):	Date:

Signature of applicant: