



## Board of Directors Application

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SWMCFCU Member No.: \_\_\_\_\_

SWMCFCU Member since: \_\_\_\_\_

### EDUCATION

Postgraduate: \_\_\_\_\_

	SCHOOL	DEGREE	DATE GRADUATED
--	--------	--------	----------------

Undergraduate: \_\_\_\_\_

	SCHOOL	DEGREE	DATE GRADUATED
--	--------	--------	----------------

High School: \_\_\_\_\_

	SCHOOL		DATE GRADUATED
--	--------	--	----------------

### WORK EXPERIENCE (PLEASE LIST MOST RECENT FIRST)

Employer: _____	Dates Employed: _____
	FROM TO
Address: _____	Phone: _____
_____	Title: _____
Responsibilities: _____	
_____	

  

Employer: _____	Dates Employed: _____
	FROM TO
Address: _____	Phone: _____
_____	Title: _____
Responsibilities: _____	
_____	





## Board of Directors Application

### LETTER OF UNDERSTANDING

*I understand and agree that:*

1. Any material misrepresentation or deliberate omission of a fact in this application may be justification for refusal to accept me as a candidate for the Board of Directors, or if elected/appointed, I could be terminated from the position.
2. It is my understanding that SWMCFCU may conduct a thorough inquiry of my entire work history and may verify all data given in my application, related papers or oral interviews to include a credit report. I hereby authorize such inquiries and the giving and receiving of any information requested by the SWMCFCU. I also release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this inquiry may prevent my being considered for the Board of Directors and Committees, or if elected/appointed, could terminate my position.
3. I also understand that candidates are required to review all materials pertaining to a position on the Board of Directors including Executive Officer positions. These materials outline all the requirements for the positions and will be reviewed by me prior to my being elected/appointed.
4. I agree to attend all scheduled meetings unless properly excused and to accomplish all required training as established by policy and/or directive. Failure to participate as outlined above may result in termination from the position.
5. The Application and the Background Check Authorization must be received by the Deadline Date.

**I HAVE READ AND UNDERSTAND THE ABOVE:**

---

**SIGNATURE OF APPLICANT**

---

**DATE SIGNED**