

# GOVERNMENT EMPLOYEES FEDERAL CREDIT UNION

## DIRECTOR APPLICATION AND AGREEMENT TO SERVE

Name: Mrs. \_\_\_ Miss \_\_\_ Mr. \_\_\_ Ms. \_\_\_ \_\_\_\_\_  
Last First Middle

Maiden Name (If Different From Above) \_\_\_\_\_

Address (Res.) \_\_\_\_\_  
Street City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Residence) (Business)

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City/State

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

Type of Business \_\_\_\_\_

Number of Years with Present Employer \_\_\_\_\_ Your Position/Title \_\_\_\_\_

List any other positions, directorates, or offices held for the past ten (10) years:

<u>Dates</u>	<u>Employer and Address</u>	<u>Title</u>
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Education background (circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12      1 2 3 4 ( )  
(Grade and High School)      (College)

MAJOR FIELD OF STUDY \_\_\_\_\_

Other training or experience \_\_\_\_\_

Are you willing to accept the position of trust for which you have been selected and to remain in office until such time a qualified successor is found? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been informed as to the general duties and responsibilities of an official of the credit union and are you willing to devote the time necessary to familiarize yourself with and to perform your duties? \_\_\_\_\_ Yes \_\_\_\_\_ No

Estimated number of hours per month you will be able to donate as a volunteer \_\_\_\_\_

My reasons for wanting to serve on the board of directors are:  
\_\_\_\_\_  
\_\_\_\_\_

List Membership in professional Societies and Associations:  
\_\_\_\_\_  
\_\_\_\_\_

List any financial institutions in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power):

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IF ANY OF THE FOLLOWING QUESTIONS IS ANSWERED YES, PROVIDE DETAILS ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

Have you ever been adjudged a bankrupt?  Yes  No

Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?  Yes  No

Has the certificate of incorporation or authority or license to do business of any state or federally chartered credit union, savings and loan association, bank, or other financial institution of which you were an officer, director, or key management person ever been suspended or revoked?  Yes  No

Have you ever been requested, advised, ordered, or told by any regulatory authority or government agency to:

A. Divest any stock ownership or other ownership interest you have in any financial institution?  Yes  No

B. Leave or resign as an officer, director, agent, employee, consultant, or representative of any credit union, savings and loan association, bank, or other financial institution?  Yes  No

Have you ever been convicted of a CRIMINAL OFFENSE?  Yes  No

CRIMINAL OFFENSE:

Nature of offense \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Date of Conviction \_\_\_\_\_

Sentence Conferred \_\_\_\_\_

(Attach a separate sheet if space provided is not adequate.)

To facilitate the process of obtaining a credit union background check, please provide the following:

1. Any other names which you have used \_\_\_\_\_

2. Previous address (if your address changed over the past 2 years) \_\_\_\_\_

3. Name of spouse \_\_\_\_\_

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

CERTIFICATION AND AGREEMENT TO SERVE:

I certify that the information provided on this form is true and correct. I further pledge to carry out the duties and responsibilities commensurate with said office(s) as promulgated by the Federal Credit Union Act and the bylaws of this credit union. I certify also that I have a positive net worth and am current on all outstanding obligations. The credit union is hereby authorized to obtain a commercial report on my credit history and seek whatever information is necessary for completing a background check.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Witness