## **HR Employee Name:** Stabilization Central Name of Credit Union: - CREDIT UNION -**Credit Report attached?** ☐ Yes □ No Criminal record check attached? ☐ Yes □ No Criminal record check CLEAR? The Master Bond Program ☐ Yes □ No **Reason for Application: Fidelity Bond Application** ☐ New Applicant ☐ Promotion ☐ Board Director ☐ Other: INSTRUCTIONS FOR APPLICANT 1. Complete this application only if you are currently under consideration for employment, promotion, or for election to the Board of Directors. 2. Complete all questions fully and accurately, as all answers are material to this application. PLEASE PRINT. 3. Return the completed application to the Credit Union. INDIVIDUAL FIDELITY BOND APPLICATION Fidelity bonding is a firmly established business practice. The fidelity bond you are applying for, within its agreements, conditions and limitations, guarantees that the Credit Union will not sustain a loss by reason of your dishonesty. It also serves notice that you meet the high standards required by the issuer of your bond. Compliance with the Credit Union's rules and faithful and honest discharge of the duties of your position will assure your ability to obtain a bond in any future employment. INSTRUCTIONS FOR EMPLOYER To ensure that there are no delays in the processing of this application, **BEFORE SUBMITTING**, please ensure that: a full 10 years of employment / personal experience is listed (age 18+). Gaps in history will require clarification. • the applicant provides a detailed explanation for answering "Yes" to any questions #1-#11 on page 2

• the applicant <u>provides a detailed explanation</u> for any unfavourable items on their credit report such as collection items, R9, Beacon score under 600, judgements etc.

PLEASE REVIEW THE APPLICATION IN FULL PRIOR TO SUBMITTING TO ENSURE ALL INFORMATION IS PROVIDED.

THE APPLICANT:				
First Name	Mid	dle Name		Last Name
Date of Birth(Mo	onth/Day/Year)	Social Insurance No		
Current Address				
Previous Address	(if less that	nn 3 years at current ad	dress)	
How many persons are	dependent upon you for supp	ort (as per most rece	nt income tax	return)?
Fitle of new Position:		Date of Employm	nent/Promotio	n/Election:
Position Level: Cler	ical/Teller Supervisory		Director	Other

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ADDITIONAL NOTES

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### PREVIOUS EMPLOYMENT: (For the past 10 years for ages 18+ only)

Give full and complete names and addresses of previous employers, time engaged with each, position occupied, and reason for leaving. If there were periods when you were unemployed, please state what you did during that time. If you were not previously employed, provide general information regarding: **school attendance**, **leave of absence**, **illness or** travel. **Additional space is provided on Page 5 of this application if required.** If more space is still required, please continue on blank sheet and attach to this application.

Please provide a full 10 year history and ensure there is an explanation for any gaps

<u>Name</u> :	and Address of Previous Employer	Dates Employed	Last Position Held	Reason for Lea	ving	
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2.		From				
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<b>!f</b> )	you answer "Yes" to any of th Has any application for a bond b	attach it to	o this application	explanation in a separat		
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# IT IS IMPORTANT THAT THE APPLICANT READ AND FULLY UNDERSTAND THE CONTENTS OF THE AGREEMENT HEREUNDER BEFORE SIGNING

#### AGREEMENT OF APPLICANT

I hereby warrant that the foregoing statements are true and correct, and in consideration of Stabilization Central Credit Union, hereinafter called the Insurer becoming Insurer for me under this bond (the term "bond" shall include the bond herein applied for, every continuation or alteration thereof, and any new bond) in my present or any other position, I agree to unconditionally indemnify and save harmless the said insurer against all actions, proceedings, liabilities, damages, loss, cost and expense, including costs of realization and legal fees on a solicitor client basis, that it may sustain or become liable for by reason of dishonesty on my behalf.

#### I ALSO UNDERSTAND AND AGREE THAT:

- (a) In the event I am bonded, and it is later discovered by the Insurer that any of the answers given are untrue or inaccurate, the insurer may, at its option, cancel the bond.
- (b) Should my circumstances change such that any of the answers given on this application (questions #1 to 11) by me are no longer accurate or true, then I shall immediately notify the Credit Union of such change and any failure to do so may result in cancellation of the bond, at the option of the Insurer.
- (c) In the event that I am bonded, I am bound by the terms and provisions of this Agreement.
- (d) The bond is automatically deemed cancelled and terminated on the discovery of any dishonest act on my part whether or not such dishonest act results in any monetary loss to the entity requiring the bond, the Insurer or any other person or organization.
- (e) The Insurer, its agent or the entity requiring the bond, may collect such additional information about me as may be necessary to review and verify the information contained on this bond application. Information may be obtained from sources such as: financial institutions, police forces (federal, provincial, municipal and foreign), current and former employers, credit bureaus, insurance companies, business associates, provincial and federal government departments and foreign governments. The information furnished on this form will be used by the Insurer to determine your eligibility for a bond.
- (f) I may be requested by the Insurer to periodically complete and file an updated "Applicant's Application for Fidelity Bond" in substantially the same form as the one filed herewith, with such modifications as may be requested by the Insurer.

I further represent and warrant that I have not concealed or failed to disclose any facts which, if known to the Insurer, would cause the Insurer to decline the bond or which would make the Insurer's liability greater than would normally be expected and I understand and agree that if any such facts should become known to the Insurer, it may, at its option, cancel the bond.

Signature of Applicant	Date

NOTE: PLEASE ENSURE ALL QUESTIONS ARE ANSWERED BEFORE SUBMITTING. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED

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## PREVIOUS EMPLOYMENT CONTINUED:

Name and Address of Previous Employer	Dates Employed	Last Position Held	Reason for Leaving
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