

Supervisory Committee Application

GENERAL INFORMATION

Full Name: _____
 Member #: _____ Social Security #: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone #: _____ Alternate Phone #: _____
 Date of Birth: _____ Driver License # (and State): _____ Email: _____

EDUCATION

	Name and Address	Years Completed	Degree/Course of Study
College/University			
Trade/Business			
Other			

CURRENT EMPLOYMENT

Company Name: _____ From: _____ To: _____
 Address: _____ Phone: _____
 Position: _____ Duties: _____

REFERENCES

Please list three business references - those that have knowledge of your work ethic, experience, and ability.

Name	Address	Phone

QUALIFICATIONS

Please list all experience, training, etc. that you feel would assist you in qualifying you for this Committee

I authorize Houston Texas Fire Fighters Federal Credit Union ("Credit Union") to conduct a thorough and comprehensive investigation of my background for the purpose of determining my qualifications for a position on the Supervisory Committee of the Credit Union.

I agree to release and hold the Credit Union, its officers, directors, committee members, employees, and insurers of the Credit Union, and its affiliates or subcontractors harmless of and from liability that they and/or I may incur as a result of their investigation, and/or disclosure of such information to the officials of the Credit Union, other than liability that results from material deviation from the authorization hereby given by me or from intentional misconduct.

CERTIFICATION AND AGREEMENT TO SERVE

I certify that the information provided on this form is true and correct. I certify also that if appointed, I will accept the office and further pledge to carry out the duties and responsibilities commensurate to the Federal Credit Union Act and the bylaws and policies of this credit union.

Applicant Signature: _____ Date: _____



Consumer Credit Disclosure Notice

The Houston Texas Fire Fighters Federal Credit Union, as part of the procedure for processing your Supervisory Committee application, may obtain a consumer report containing financial information, background information and other information about you from a credit reporting agency.

We will not obtain such a report without your signed authorization.

We comply with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports, and places specific obligations on companies using credit reports.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature: _____ Date _____



Consumer Credit Authorization

I hereby authorize Houston Texas Fire Fighters Federal Credit Union to obtain a consumer credit report containing financial and other information about me from a consumer reporting agency as part of the credit union's investigation into my application for appointment to the Supervisory Committee. I also release any parties involved in this process from any liability connected with my consumer credit report.

Signature: _____ Date _____



Supervisory Committee Authorization Form

I, _____, authorize Houston Texas Fire Fighters Federal Credit Union (“Credit Union”), its officers, directors, committee members, employees and insurers, to conduct a thorough and comprehensive investigation of my background for the purpose of determining my qualifications for a position on the Supervisory Committee of the Credit Union as determined by the Credit Union.

I understand that the scope of the background investigation may, at the discretion of the Credit Union, include the following areas: quality credit history for at least one year; satisfactory credit union history; no credit union losses; satisfactory account history at any financial institution per ChexSystems; and no criminal records.

I agree to release and hold the Credit Union, its officers, directors, committee members, employees, and insurers of the Credit Union, and its affiliates or subcontractors harmless of and from liability that they and/or I may incur as a result of their investigation, and/or disclosure of such information to the officials of the Credit Union, other than liability that results from material deviation from the authorization hereby given by me or from intentional misconduct.

My information is as follows: (please print)

Full Name: _____ Driver’s License # and State: _____

Member #: _____ Phone #: _____

Alternate Phone #: _____ Email: _____

CERTIFICATION AND AGREEMENT TO SERVE

I certify that the information provided on this form is true and correct. I also agree that if selected, I will accept the office and further pledge to carry out the duties and responsibilities commensurate to the Federal Credit Union Act and the bylaws and policies of this credit union.

Signature _____ Date _____

