CREDIT UNION OF NEW JERSEY
ASSOCIATE DIRECTOR APPLICATION

THANK YOU FOR EXPRESSING AN INTEREST IN SERVING AS AN ASSOCIATE DIRECTOR OF THE CREDIT UNION OF NEW JERSEY.

To assist the Nominating Committee in selecting interested and qualified applicants for the Associate Director positions please complete and submit the following items to:

Executive Assistant
Credit Union of NJ
PO Box 7921
1301 Parkway Avenue
Ewing, NJ 08628
kclarke@cunj.org

- Resume and Biography
- Associate Director Application
- Signed Disclosure and Agreement

ASSOCIATE DIRECTOR APPLICATION

Contact Information

First Name: _____ Last Name: _____

Address: _____ Email: _____

City: _____ Contact Number: _____

State: _____ Zip: _____

Credit Union of New Jersey Membership

Length of Membership: _____

Employment

☐ Employed
☐ Retired

Employer: _____

Length of Employment: _____

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Questionnaire

List any other affiliation or board positions.

List membership and positions held in other credit unions.

Please list qualifications from job and/or military experience you possess that will be of benefit to the Board of Directors in administrating the affairs of Credit Union of New Jersey for its members.

Summary

Please provide a short statement describing why you would like to be an Associate Director with the Credit Union of New Jersey.

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Credit Union of New Jersey

DISCLOSURE AND AGREEMENT

- The application information is confidential and will stay at Credit Union of New Jersey. If you request, the Credit Union will provide you the name and address of any credit bureau from which it received your credit report.
- If you are selected as a candidate, you may be required to attend a formal interview with the Nominating Committee.
- Each Associate Director is expected to prepare for and attend regular monthly board meetings and the Annual Membership Meeting. In addition, planning sessions or other board events may require attendance.
- Non-adherence to the Policies and Procedures of Credit Union of New Jersey may result in an Associate Director's removal.
- It is the intent of Credit Union of New Jersey to do a background check on all potential candidates. By signing the disclosure below you give consent to a criminal background check as well as approval to obtain employment information and credit reports relating to this application and review.

I affirm I have read and reviewed the Credit Union of New Jersey Nominating Committee Information and Board of Directors Application. I do meet the qualifications required. I do consent and give my authorization for you to obtain employment information, a criminal background check and credit reports for your review and consideration in determining my qualifications for candidacy on the Board of Directors at Credit Union of New Jersey.

Name (please print): _____

Signature: _____

Date: _____