



We are pleased that you have chosen to apply for a position at Hawaii Central Federal Credit Union. Please complete the application in its entirety per the instructions below and return the application via:

Mail or

Hand Deliver to: Hawaii Central Federal Credit Union
681 S. King Street
Honolulu, Hawaii 96813
Attn: Human Resources

If you have any questions, please call (808) 536-3677 and ask for Human Resources.

Application for employment instructions:

Part I: Application for Employment

Please read the following instructions carefully and complete the application fully. Incomplete applications will not be considered.

- Fill in all spaces.
Former/current employer information is important.
- Please indicate your minimum salary requirements in terms of a monthly salary, e.g. \$2,000 per month, instead of "negotiable."
- References other than relatives are required.
- If you have a resume, you may indicate "refer to resume" in areas that apply.

Part II: Employment Verification Letter

- Do not fill in this sheet! Only your signature above "Applicant's Signature" line and date is required after reading this form.

It is the policy of this credit union to hire only U.S. Citizens and aliens who are authorized to work in this country. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work and to complete the U.S. Immigration and Naturalization Service's Form I-9.

Application for Employment

Date _____

Renewed _____

Job/Position you are applying for _____

Minimum Salary Requirement _____

(Must be filled in.)

GENERAL INFORMATION			
Name		Social Security No.	
Address (Street Address)		Telephone No.	
City, State, Zip			
EMPLOYMENT RECORD: STARTING WITH present or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if necessary following the same format.			
NAME & ADDRESS OF FORMER EMPLOYERS	Dates Employed		Other Information
Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Position & Duties
No. & Street			
City, State & Zip			
Supervisor			
Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Reason(s) for leaving
No. & Street			
City, State & Zip			
Supervisor			
Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Position & Duties
No. & Street			
City, State & Zip			
Supervisor			
Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Reason(s) for leaving
No. & Street			
City, State & Zip			
Supervisor			
Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Position & Duties
No. & Street			
City, State & Zip			
Supervisor			
Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Reason(s) for leaving
No. & Street			
City, State & Zip			
Supervisor			

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Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Position & Duties
No. & Street			
City, State & Zip			
Supervisor			Reason(s) for leaving
Company Name/Phone No.	From Mo./Yr.	To Mo./Yr.	Position & Duties
No. & Street			
City, State & Zip			
Supervisor			Reason(s) for leaving

REFERENCES (Not relatives)

Name	Address	Phone	Occupation
Name	Address	Phone	Occupation
Name	Address	Phone	Occupation

Education	Name of School	Address	No. of Yrs Attended	Degrees
Elementary				
Jr. High Intermediate				
High School				
College				
Other (trade school, etc.)				

Medical Information: After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Credit Union expense and by a Credit Union chosen physician, with the offer of employment conditioned on the results of such examination. Employees at any time during the course of their employment may be required to undergo a medical examination at Credit Union expense and by a Credit Union chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the credit union.

Applicant's Initials: _____

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____

Do you know anyone presently working for our company? _____ If so, who? _____

Have you ever been convicted of a crime or a diversion agreement? () No () Yes If yes, please provide a list and explanation on a separate sheet.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentations or omissions will subject me to discharge and I hereby authorize any investigation of the above or related work experience education, or reputation information for purposes of consideration of my application for employment. I authorize Hawaii Central Federal Credit Union to obtain credit reports in connection with this employment application. If I request, the Credit Union will provide me with the name and address of any credit bureau from which it received a credit report on me. This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the credit union with or without cause or reason and with or without notice.

Applicant's Signature

Date

EMPLOYMENT VERIFICATION LETTER

Sir/Madam:

The applicant named below is being considered for employment with Hawaii Central Federal Credit Union and states that:

Applicant _____ Social Security No. _____
Last Name First M.I.

Employed by _____

Date Employed _____ Job Title _____

Rate of Pay _____ Reason for Leaving _____

We would appreciate your assistance in verifying the above information.

Sincerely,

Hawaii Central Federal Credit Union

AUTHORIZATION TO PROVIDE INFORMATION

I hereby authorize the above named reference to give any and all information regarding my previous or present employment, educational training or personal information that may or may not be in their records. I hereby release said reference from all liability for any damages whatsoever that may arise from furnishing this information to Hawaii Central Federal Credit Union.

Applicant's Signature and Date

Is the information stated by the applicant correct? **Yes** **No**

If not please give the correct information below.

Would you re-employ? **Yes** **No**

If no, why not?

Completed by _____ Title _____

Signature

Date

AUTHORIZATION AND DISCLOSURE UNDER THE FEDERAL
CONSUMER CREDIT REPORTING REFORM ACT OF 1996
FOR PROCUREMENT OF CONSUMER REPORTS AND
INVESTIGATIVE CONSUMER REPORTS

In processing my application for employment, Hawaii Central Federal Credit Union may procure a consumer report and/or an investigative consumer report on me. I understand that an investigative consumer report commonly includes information concerning character, general reputation, personal characteristics or mode of living. That information may be obtained through personal interviews with my neighbors, friends, associates or others with whom I am acquainted. I understand that upon written request to Hawaii Central Federal Credit Union, I will be informed whether an investigative consumer report was requested, and be given complete and accurate disclosure as to the nature and scope of the investigation requested.

I further understand that information provided to Hawaii Central Federal Credit Union in connection with my employment may be communicated among its corporate affiliates. I understand that if I do not wish such information to be communicated to such affiliates, I will notify Hawaii Central Federal Credit Union in writing.

Based on the foregoing, I hereby authorize Hawaii Central Federal Credit Union to procure a consumer report and/or an investigative consumer report. If I am granted employment, Hawaii Central Federal Credit Union, and/or companies affiliated with it, may subsequently, from time to time, request consumer reports, other than investigative consumer reports, in connection with my employment.

Signature

Date