



Aloha!

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:

### **Application for Employment Instructions:**

- **Application for Employment**

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

- **Consumer Reports Disclosure**

Please read carefully before signing.

### **Mail or Hand Deliver completed forms 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.

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**MAIN BRANCH**  
681 South King Street  
Honolulu, Hawaii 96813

**HawaiiCentral.org**

**HARKNESS BRANCH**  
The Queen's Medical Center

**WEST O'AHU BRANCH**  
The Queen's Medical Center  
West O'ahu

**MEMBER SERVICES**  
(808) 536-3677

**CONSUMER LOANS**  
(808) 536-0833

**REAL ESTATE LOANS**  
(808) 529-4599  
NMLS #412820



# Application for Employment



681 South King St.  
 Honolulu, HI 96813  
 Ph: 808-536-3677  
 Fx: 808-536-8360  
 www.hawaiicentral.org

Please complete all fields. Incomplete Information could disqualify you from further consideration.

Application Date: \_\_\_\_\_

Job/Position you are applying for: \_\_\_\_\_

Minimum Salary Desired: \$ \_\_\_\_\_  Per hour  Monthly Salary

GENERAL INFORMATION	
Full Legal Name:	Other Names Used:
Full Address (Including Street, City, State, Zip):	
E-mail Address:	Telephone Number:

List all employment, starting with present/most recent. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if needed. If submitting a resume with this application, you may indicate, "refer to resume" in dates employed section.

CURRENT & FORMER EMPLOYER INFORMATION		Dates Employed		Other Information
<b>Company Name:</b>	Telephone #:	From Mo./Yr.:	To Mo./Yr.:	Job Title:
Full Address (Including Street, City, State, Zip):				Duties:
Supervisor Name & Title:				Reason(s) for leaving:
<b>Company Name:</b>	Telephone #:	From Mo./Yr.:	To Mo./Yr.:	Job Title:
Full Address (Including Street, City, State, Zip):				Duties:
Supervisor Name & Title:				Reason(s) for leaving:
<b>Company Name:</b>	Telephone #:	From Mo./Yr.:	To Mo./Yr.:	Job Title:
Full Address (Including Street, City, State, Zip):				Duties:
Supervisor Name & Title:				Reason(s) for leaving:
<b>Company Name:</b>	Telephone #:	From Mo./Yr.:	To Mo./Yr.:	Job Title:
Full Address (Including Street, City, State, Zip):				Duties:
Supervisor Name & Title:				Reason(s) for leaving:
<b>Company Name:</b>	Telephone #:	From Mo./Yr.:	To Mo./Yr.:	Job Title:
Full Address (Including Street, City, State, Zip):				Duties:
Supervisor Name & Title:				Reason(s) for leaving:

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**REFERENCES (Not relatives. Not in same household)**

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

Education	Name of School	Address	# Years completed	Degrees
High School				
College				
Other (trade school, etc.)				

**MISCELLANEOUS**

Are you at least 18 years or older?  Yes  No If no, you may be required to provide authorization to work.

Are you able to perform the essential functions of this job with or without reasonable accommodation?  Yes  No

Were you referred by a current Hawaii Central FCU employee?  Yes  No If yes, who: \_\_\_\_\_

Do you know anyone presently working for Hawaii Central FCU?  Yes  No If yes, who: \_\_\_\_\_

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

Are you legally eligible\* to be employed in the United States?  Yes  No

*\*It is the policy of Hawaii Central FCU to hire only U. S. citizens and noncitizens 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. Citizenship and Immigration Service's Form I-9.)*

Hawaii Central FCU (HCFCU) is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex, gender identity or expression, sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, reproductive health decision, domestic or sexual violence victim status, veteran/military status, citizenship status, pregnancy, breastfeeding, or any other characteristic protected by federal, state, or local law.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a criminal conviction check, physical or medical examination (or drug test) at HCFCU expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time their employment, may be required to undergo a criminal conviction check, medical (or drug) examination at HCFCU expense and by a Company-chosen physician. I agree to provide HCFCU with any authorization or release which may be required for a pre-employment medical examination or drug test.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or HCFCU, with or without cause or reason and with or without notice.

By signing below, 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 misrepresentation or omission made herein, when discovered, may disqualify me from consideration for employment or subject me to discharge if I am hired. I authorize HCFCU to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment or continued employment. In exchange for the I consideration of my application for employment, I hereby release HCFCU and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by HCFCU regarding my work history, education, character, reputation, and background.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

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**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.

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Applicant's Printed Name

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Applicant's Signature

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Date