

University of Hawai'i Federal Credit Union

P.O. Box 22070
Honolulu, HI 96823-2070
Attention: Human Resources

For Credit Union Use Only:

Date Received _____ Reply _____

Position _____

Interview Date _____

Effective _____ Salary _____

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with the University of Hawai'i Federal Credit Union. Please complete all portions of this employment application to be considered for employment at University of Hawai'i Federal Credit Union. If you require accommodation during the application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, sex, religion, color, race, national origin, ancestry, marital status, disability, sexual orientation, gender identity, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to the University of Hawai'i Federal Credit Union and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

PERSONAL INFORMATION

Name (Last Name First)				
Have you ever used any other names (for verification, criminal conviction & reference checks)? If so, please print.				
Present Address	Apt. No.	City	State	Zip
Residence Cell E-Mail	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.		Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any criminal offense including dishonesty or a breach of trust, or have you agreed to enter into a pretrial diversion of similar program in connection with a prosecution for such offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.				
Have you ever had any bond coverage modified or revoked and if any application for a bond was every declined? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.				

DESIRED EMPLOYMENT

Desired Position*	Date you can start	Salary Desired
Have you every applied for employment at this Credit Union before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Have you ever worked for this Credit Union before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Who referred you to this Credit Union? <input type="checkbox"/> Relative _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____		
Apart from religious observances, will you be able to work at all other times? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*NOTE: If hired, you will be required to perform work as required by the Credit Union

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE	SUBJECTS STUDIED/DEGREE
High School			
College			
Other			

FORMER EMPLOYERS

Please account for the last ten years of employment, starting with present or most recent employer. Include self-employment, military service, summer and part time jobs. For each employer, you must answer all questions and use additional paper if necessary following the same format.

Name of Present or Last Employer			
Address		City	State
			Zip Code
Starting Date	Date Last Worked	Job Title	
Monthly/Annual Starting Salary	Monthly/Annual Final Salary	May We Contact your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Employer's Phone Number
Description of Work			
Reason(s) for Leaving			

Name of Next Previous Employer			
Address		City	State
			Zip Code
Starting Date	Date Last Worked	Job Title	
Monthly/Annual Starting Salary	Monthly/Annual Final Salary	May We Contact your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Employer's Phone Number
Description of Work			
Reason(s) for Leaving			

Name of Next Previous Employer				
Address		City	State	Zip Code
Starting Date	Date Last Worked		Job Title	
Monthly/Annual Starting Salary	Monthly/Annual Final Salary		May We Contact your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Employer's Phone Number	
Description of Work				
Reason(s) for Leaving				

Name of Next Previous Employer				
Address		City	State	Zip Code
Starting Date	Date Last Worked		Job Title	
Monthly/Annual Starting Salary	Monthly/Annual Final Salary		May We Contact your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Employer's Phone Number	
Description of Work				
Reason(s) for Leaving				

EMPLOYMENT GAPS

Explain any period that you were not working during the past 10 years, other than due to personal illness, injury or disability.

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REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors.
If not applicable, list three personal references who are NOT related to you.

Name	Title	Relationship to You	Phone Number	Number of Years Known
1.				
2.				
3.				

JOB SKILLS, QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.

CLERICAL/TELLER APPLICANTS ONLY

Ten-Key by Touch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ten-Key by Sight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Typing Speed	_____ words per minute		
Computer Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List other business machines used:			

CERTIFICATION
Please read carefully before signing

- A. I certify that the information contained in this application is true and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that **my employment with University of Hawai'i Federal Credit Union is at-will and can be terminated at any time, for any reason, with or without advance notice by myself or the credit union.** I also agree to conform to the guidelines and policies of the Credit Union.
- C. I understand and agree that only the President/Chief Executive Officer of the Credit Union has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President/Chief Executive Officer, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that the Credit Union may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Credit Union with any information (including fact or opinion) they may have regarding me. In consideration of the Credit Union's review of this application, I release the Credit Union and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Credit Union.
- E. I understand and agree that if offered employment by the Credit Union, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Credit Union.
- F. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform the Credit Union of any agreements that would limit my ability to work for the Credit Union.
- G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Credit Union if I am employed by the Credit Union.

Authorization/Signature of Applicant: _____ Date: _____

Print Name: _____