



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		[REDACTED]	
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			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
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

*Continued on next page*

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