



Employment Application

Position Applying For:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Branch Location(s) Preferred:	<input type="checkbox"/> Airport	<input type="checkbox"/> Ewa
	<input type="checkbox"/> Kapiolani	<input type="checkbox"/> Shipyard
	<input type="checkbox"/> Waianae	<input type="checkbox"/> Waipio

Name	Date
Address	Tel. No.
City, State, Zip Code	Email

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. Please do not leave any blanks.

Company Name	
Address	
City, State, Zip Code	
Dates Employed	Full-Time or Part-Time
Position Title	
Duties	
Supervisor's Name	
Reason for Leaving	

Company Name	
Address	
City, State, Zip Code	
Dates Employed	Full-Time or Part-Time
Position Title	
Duties	
Supervisor's Name	
Reason for Leaving	

Company Name	
Address	
City, State, Zip Code	
Dates Employed	Full-Time or Part-Time
Position Title	
Duties	
Supervisor's Name	
Reason for Leaving	

Company Name	
Address	
City, State, Zip Code	
Dates Employed	Full-Time or Part-Time
Position Title	
Duties	
Supervisor's Name	
Reason for Leaving	

REFERENCES: (Not Relatives)

Name	Company
Address	Occupation
City, State, Zip Code	Tel. No.
Name	Company
Address	Occupation
City, State, Zip Code	Tel. No.

EDUCATION

ADDRESS

DEGREE

Elementary		
Jr. High		
High School		
College		
Other		

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 the Credit Union's expense and by a Credit Union chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at the Credit Union's 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.

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

Applicant's Initials: _____

OTHER:

Do you know anyone presently employed by the Credit Union? _____ If so, who? _____

Were you referred by anyone? _____ If so, who? (list only one employee) _____

How did you hear about PHFCU's employment opportunities: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Pearl Hawaii Website | <input type="checkbox"/> Poster / Sign |
| <input type="checkbox"/> Other Website,
please list site: _____ | <input type="checkbox"/> Employee of PHFCU |
| | <input type="checkbox"/> Other, please list
_____ |

NOTE: It is the policy of Pearl Hawaii Federal 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).

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 when discovered, 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 employment.

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.

Application Date

Applicant's Signature

AUTHORIZATION TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS

I understand and agree that Pearl Hawaii Federal Credit Union may obtain one or more consumer report(s) and/or investigative consumer report(s) about me, which may include, among other things, information as to my character, general reputation, personal characteristics and mode of living. Information for this report may be obtained through personal interviews with my former employers, friends, acquaintances or others who may have knowledge concerning any such information.

I further understand that the information contained in the consumer report and/or investigative consumer report will be used for the purpose of evaluating me for employment.

I also specifically give Pearl Hawaii Federal Credit Union and its authorized agent(s) permission to request information concerning records of my conviction of a crime in any state or federal jurisdiction. I understand that no criminal conviction check regarding me will be obtained by Pearl Hawaii Federal Credit Union until I am given a conditional offer of employment.

Print Name

Signature

Date