



476 Hinano Street - Hilo, HI 96720

Phone: (808) 933-6700

E-mail: info@cuhawaii.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please print and complete all portions of this employment application to be considered for employment. If you require accommodation during the employment process, including assistance in the completion of this employment application, national origin, ancestry, marital status, disability, sexual orientation, 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 credit union and only for the desired position. Consideration for employment after the three month period requires completion and submission of a new application.

PERSONAL INFORMATION

Name (Last Name, First Name)				
Have you ever used any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(For background and criminal conviction check)</i>				
If Yes, please explain:				
Present Physical Address	Apt. No.	City	State	Zip
Present Mailing Address <i>(if different from above)</i>	Apt. No.	City	State	Zip
Home Phone: () - -	Social Security Number - - <i>(for bondability and criminal conviction checks)</i>	Can you, upon employment, submit verification of your legal right to work in the United States and proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If offered employment you will be required to submit documentation required by the IRCA.		
Work Phone: () - -				
Cell Phone: () - -				
E-mail:				
Have you ever applied for a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had any bond coverage modified or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your application denied? <input type="checkbox"/> Yes <input type="checkbox"/> No				

DESIRED EMPLOYMENT

* Position applying for:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date you can start:	Pay Expected: \$
Have you applied for work with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?		When?
Have you worked with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?		When?
Who referred you to us?			
<input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Ad	<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 services, will you be able to work 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 BACKGROUND

Type of School	Name of school, City, & State	Major	No. of years completed	Did you graduate?	Degree or certificate
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Starting with your present or last job, provide complete employment history for the **last 10 years**. You must answer all questions and this employment history must be completed even if you submit/attach a resume. **Use additional paper if necessary.**

Name of Employer			Phone () - -	
Street Address		City	State	Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$		Ending Wage/Salary \$
Position Title & Duties				
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain:		
Supervisor's Name				

Name of Employer			Phone () - -	
Street Address		City	State	Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$		Ending Wage/Salary \$
Position Title & Duties				
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain:		
Supervisor's Name				

Name of Employer			Phone () - -	
Street Address		City	State	Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$		Ending Wage/Salary \$
Position Title & Duties				
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name		If no, please explain:		

Name of Employer			Phone () - -	
Street Address		City	State	Zip
Beginning Date of Employment	Ending Date of Employment	Beginning Wage/Salary \$		Ending Wage/Salary \$
Position Title & Duties				
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Name		If no, please explain:		

REFERENCES

Please provide the names of three persons you are not related to, you have known for at least one year, and whom we may contact.

Name	Address	Years Known	Phone Number
			() - -
			() - -
			() - -

JOB SKILLS, QUALIFICATIONS, & EMPLOYMENT GAPS

Summarize your job skills, training and/or study that are relevant for the desired position. Also, explain any periods that you were not working. **Use additional paper if necessary.**

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

1. I certify that the information in this application is true, correct, and complete. I understand that any false or misleading statements or omissions made in this application or interview(s) are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and how discovered.
2. I understand the **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
3. I understand and agree that only the President/CEO of CU Hawaii Federal Credit Union (here-in-after referred to as "CUHFCU") 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/CEO, and I will not rely upon any other representations regardless of the source.
4. I understand and agree that CUHFCU may make a full and complete investigation of my personal, financial or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide CUHFCU with any information (including fact or opinion) they may have regarding me. In consideration of CUHFCU review of this application, I release CUHFCU 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 conditioned on the receipt of satisfactory references as determined by CUHFCU. If employed by CUHFCU, I further authorize CUHFCU to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against CUHFCU for truthfully communicating any such information to a potential or future employer.
5. I understand and authorize CUHFCU to obtain a consumer credit report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for CUHFCU to obtain consumer credit reports at anytime during my employment period.
6. I understand, agree and voluntarily consent to be tested for evidence of the presence of alcohol and/or drugs in my body through the analysis of my urine, breath (if permitted by law) or blood in the manner specified in the Employee Substance Abuse Policy. I further consent to the release of the results of the substance abuse tests by the medical laboratory facility to the Medical Review Officer designated by CUHFCU. I further consent to the release of verified positive test results for substance abuse by the Medical Review Officer for CUHFCU. I also understand that only those job applicants who have been selected to fill job openings will be subject to substance abuse testing. If a substance abuse test is required, a negative substance abuse test result will be a condition of actual hire. I further understand, agree and voluntarily consent to submit to random substance abuse testing that may be required during the term of my employment.
7. I understand and agree that CUHFCU may inquire into and consider any criminal conviction record that I may have, which bears a rational relationship to the duties and responsibilities of the position for which I am applying, in accordance with state and federal laws. I also understand and agree that being eligible for full bond and loss insurance coverage (without increased premiums or deductibles or other modifications or exceptions) is a condition for consideration for employment and if hired, a condition of continued employment.
8. I understand and agree that if offered employment by CUHFCU, 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 CUHFCU.
9. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform CUHFCU of any agreements that would limit my ability to work for CUHFCU.
10. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with CUHFCU, if I am employed by CUHFCU.

Applicant Signature _____	Date _____
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EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

