



Phone: (808) 933-6700 E-mail: info@cuhawaii.com

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, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected category protected by federal, state or local laws. This employment application is valid for a three-month period after submission to the credit union and only for the desired position.

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

Position applying for:	Full-Time Part-Time	Date you can start:	Pay Expected: \$
Have you applied for work with us before? Yes	No	Where?	When?
Have you worked with us before? Yes	No	Where?	When?
Who referred you to us?			
Relative	Employment Agency	Newspaper Ad	Friend
State Employment Office	College Placement Service	Walk-In	Other
Apart from religious observances, will you be able to work all other times?		Yes	No
Is a family member a volunteer or employee of CU Hawaii FCU?		Yes	No

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EDUCATION BACKGROUND

Type of School	Name of school, City, & State	Major	No. of years completed	Did you graduate?	Degree or certificate
High School				Yes No	Diploma GED
Technical School				Yes No	
College				Yes No	
College				Yes No	
Graduate School				Yes No	
Other				Yes No	

EMPLOYMENT

Starting with your present or last job, provide complete employment history. 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	
Position Title & Duties			
Reason for Leaving	May we contact this employer? Yes 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	
Position Title & Duties			
Reason for Leaving	May we contact this employer? Yes 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	
Position Title & Duties			
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Supervisor's Name			

Name of Employer		Phone () - -	
Street Address	City	State	Zip
Beginning Date of Employment		Ending Date of Employment	
Position Title & Duties			
Reason for Leaving	May we contact this employer? Yes No		
	If no , please explain:		
Supervisor's Name			

REFERENCES

Please provide the names of three individuals 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.**

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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) will lead to disqualification from further consideration or for dismissal from employment, regardless of when and how discovered.
2. I understand **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE CAUSE.**
3. **THE APPLICATION AND COMPLETION OF THE APPLICATION FORM DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT.**
4. 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 understand 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.
5. I understand 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's 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 information. I understand 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.
6. I understand CUHFCU may 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 any time during my employment period.
7. I understand that I will 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 release the results of the substance abuse test by the medial 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 to 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 and consent to the required random substance abuse testing during the term of my employment.
8. 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.
9. I understand if offered employment by CUHFCU, I may be required to disclose military service information in accordance with the law.
10. 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.
11. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with CUHFCU.

Applicants Signature	Date
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FAIR CREDIT REPORTING ACT APPLICANT NOTICE AND AUTHORIZATION

I understand and agree that CUHFCU may obtain a consumer report and/or investigative consumer report in connection with my application for employment and/or for purposes of continued employment, promotions, transfers, etc. A "consumer report" is any written, oral, or other communication of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. An "investigative consumer report" is a consumer report based on information obtained through interviews with neighbors, friends or others who have knowledge of me. Specific examples of background information the Credit Union may obtain include criminal history checks, identification and social security number checks, education verifications, employment verifications, reference checks, credit history, and driver's license records.

I acknowledge that I have the right to make a written request to the Credit Union within a reasonable period of time to receive additional information about the nature and scope of any investigative consumer report.

If I am denied employment, or if hired, denied continued employment, a promotion, transfer, etc. either wholly or partly, because of information contained in a consumer report, the Credit Union will notify me and provide me with the name, address, and telephone number of the agency that prepared the report. I will also receive a copy of the report and a statement of consumer rights under the Fair Credit Reporting Act.

I have read the above notice and understand what it means. I hereby authorize CUHFCU to obtain a consumer report(s) and/or an investigative consumer report(s) for employment purposes. I further authorize the appropriate individuals, companies, institution or agencies, including consumer reporting agencies, to release such information to the Credit Union.

Name (Please Print): _____

Past/Other Names Used: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____ Date: _____

Notice to Applicants: CUHFCU will not consider your application for employment if this Notice and Authorization form is not completed, signed and returned timely to the HR Department along with the application for employment. For a Summary of Your Rights under the Fair Credit Reporting Act or for more information, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20006.