



Kamehameha
Federal Credit Union

1620 N School St. Ste. 116
Honolulu, HI 96817-1849
Phone (808) 842-9660
Fax (808) 842-6499
www.kamehamehafcu.org

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

APPLICATION FOR EMPLOYMENT

P R E S O N A L	Last Name		First	Middle	Date
	Street Address				Home Telephone
	Have you ever applied for employment with us?				Social Security #
	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No		If yes: Month and Year		Location
	Position Desired				Are you of the legal age to work? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
	Apart from the absence for religious observance, are you available for full-time work?				Will you work overtime if asked? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No		If not, what hours can you work?		
	Are you legally eligible for employment in the United States?				When will you be available to begin work?
Other special training or skills (language, machine operation, etc.)					

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
College					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
	Business/ Trade/ Technical				[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
High School					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	
	Elementary				[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	

Membership in Professional or Civic Organization (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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1	Company Name	Telephone
	Address	Employed - (Month and Year) From _____ To _____
	Name of Supervisor	Gross Monthly/Annual Start _____ Last _____
	Job Title	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (Month and Year) From _____ To _____
	Name of Supervisor	Gross Monthly/Annual Start _____ Last _____
	Job Title	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (Month and Year) From _____ To _____
	Name of Supervisor	Gross Monthly/Annual Start _____ Last _____
	Job Title	Reason for Leaving

4	Company Name	Telephone
	Address	Employed - (Month and Year) From _____ To _____
	Name of Supervisor	Gross Monthly/Annual Start _____ Last _____
	Job Title	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer Number(s) _____ Reason _____
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S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide at my request the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p> <p style="text-align: center;"> _____ Signature </p> <p style="text-align: center;"> _____ Date </p>
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DISCLOSURE

As part of its pre-employment background investigation, Kamehameha Federal Credit Union may obtain a consumer credit report on you, and at any time during your employment if hired. Please sign below to indicate receipt of this disclosure.

Applicant/Employee Signature _____ Date _____

AUTHORIZATION

By signing below, I hereby authorize Kamehameha Federal Credit Union to obtain a consumer credit report on me as part of its pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Kamehameha Federal Credit Union to obtain consumer credit reports on me at any time during my employment period.

Applicant/Employee Signature _____ Date _____