



INSTRUCTIONS: Thank you for your interest in employment with HFS Federal Credit Union (HFS). You must properly complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application 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 age, race, sex including gender identity or expression, religion, color, national origin, ancestry, marital status, disability, sexual orientation, credit history, genetic history, arrest and court record, military service, domestic or sexual violence victim status if the domestic or sexual violence victim provides notice to HFS of such status or HFS has actual knowledge of such status, or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three-month period after submission to HFS and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

INFORMATION ABOUT YOU

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| | | |

Please list any other name you have used. This is to review your background and any criminal conviction record.

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| | | |

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| | | |

| | | | |
|-----------------|------|-------|-----|
| Present Address | City | State | ZIP |
| | | | |

| | |
|-------------------|----------------|
| Your Phone Number | e-Mail Address |
| | |

Can you, upon employment, submit verification of your legal right to work in the United States?

Yes ☐ No ☐

If offered employment you will be required to submit documentation required by the Immigration Reform and Control Act of 1986 (IRCA). Upon hire you will be required to present proof of age, authorization to work, and your social security number.

DESIRED EMPLOYMENT

| Desired Position* | Date You Can Start | Compensation Desired |
|-------------------|--------------------|----------------------|
| | | |

*If hired, you will be required to perform work as directed by HFS.

Have you ever applied for
employment at HFS before?

Yes ☐
No ☐

If yes,
then when?

Have you ever worked at HFS
before?

Yes ☐
No ☐

If yes,
then when?

Who referred you to HFS?

BONDABILITY

Have you ever been informed your bondability was revoked, modified, or denied?

Yes ☐ No ☐

If yes, please explain

EDUCATION

| School Level | Name of School | Degree/Certification Received, Subjects Studied | Did You Graduate? |
|--------------|----------------|--|----------------------|
| High School | | | |
| College | | | |
| Other | | | |

FORMER EMPLOYERS

Please account for last ten years of employment by answering all questions for each employer.

| |
|---|
| Name of Current or Most Recent Employer |
| |

| | | | |
|---------|------|-------|-----|
| Address | City | State | ZIP |
| | | | |

| | | |
|---------------|-------------|-----------|
| Starting Date | Ending Date | Job Title |
| | | |

| |
|---|
| Summarize type of work performed and job responsibilities |
| |

| |
|-----------------------|
| Reason(s) for leaving |
| |

| |
|---|
| If you were terminated or asked to resign, please explain |
| |

May we contact your supervisor?

Yes ☐ No ☐

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|------------------------------|
| If no, then please state why |
| |

| | | |
|--------------------|-------|--------------|
| Name of Supervisor | Title | Phone Number |
| | | |

FORMER EMPLOYERS (CONTINUED)

| |
|--------------------------------|
| Name of Next Previous Employer |
| |

| | | | |
|---------|------|-------|-----|
| Address | City | State | ZIP |
| | | | |

| | | |
|---------------|-------------|-----------|
| Starting Date | Ending Date | Job Title |
| | | |

| |
|---|
| Summarize type of work performed and job responsibilities |
| |

| |
|-----------------------|
| Reason(s) for leaving |
| |

| |
|---|
| If you were terminated or asked to resign, please explain |
| |

May we contact your supervisor? Yes ☐ No ☐

| |
|------------------------------|
| If no, then please state why |
| |

| | | |
|--------------------|-------|--------------|
| Name of Supervisor | Title | Phone Number |
| | | |

FORMER EMPLOYERS (CONTINUED)

| |
|--------------------------------|
| Name of Next Previous Employer |
| |

| | | | |
|---------|------|-------|-----|
| Address | City | State | ZIP |
| | | | |

| | | |
|---------------|-------------|-----------|
| Starting Date | Ending Date | Job Title |
| | | |

| |
|---|
| Summarize type of work performed and job responsibilities |
| |

| |
|-----------------------|
| Reason(s) for leaving |
| |

| |
|---|
| If you were terminated or asked to resign, please explain |
| |

May we contact your supervisor? Yes ☐ No ☐

| |
|------------------------------|
| If no, then please state why |
| |

| | | |
|--------------------|-------|--------------|
| Name of Supervisor | Title | Phone Number |
| | | |

EMPLOYMENT GAPS

Please explain any periods that you were not working during the past ten years, other than due to personal illness, injury, or disability.

REFERENCES

| Please list the name and telephone number of three business/work references who are not related to you, and are not previous supervisors. If not applicable, list three personal references not related to you. | | | | |
|---|-------|--------------|--------------|-------------|
| Name | Title | Relationship | Phone Number | Years Known |
| | | | | |
| | | | | |
| | | | | |

JOB SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record, or any other protected category recognized by Hawaii and federal laws.

CERTIFICATION
PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. If employed by HFS, I AGREE TO CONFORM TO THE GUIDELINES AND POLICIES OF HFS AND UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY HFS OR BY ME WITH OR WITHOUT ADVANCE NOTICE.
- C. I understand and agree that only the President/CEO of HFS 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.
- D. I understand and agree that HFS may make a full and complete investigation of my personal or employment history, and I authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide HFS with any information (including fact or opinion) they may have regarding me. In consideration of HFS's review of this application, I release HFS 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 conditional on the receipt of satisfactory references as determined by HFS. If employed by HFS, I further authorize HFS to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against HFS for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with HFS, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to HFS in accordance with state and/or federal laws. HFS will keep such results confidential and disclose the results only to persons who need to know or where required by law. I also agree to fully cooperate and provide HFS with any additional consent(s) and/or release(s) as required by HFS to investigate my employment application.
- F. I understand and agree that if offered employment by HFS, I may be required to disclose criminal conviction information in accordance with the law, and that any such employment offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by HFS.

- G. I understand and agree that if offered employment by HFS, 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 HFS.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform HFS of any agreements that would limit my ability to work for HFS.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with HFS if I am employed by HFS.

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|--------------------------------------|------|
| Authorization/Signature of Applicant | Date |
| Print Name | |