

Kaua`i Government Employees Federal Credit Union

2976 Ewalu Street/PO Box 711 Lihue, HI 96766. Telephone: 808-245-2463 Fax: 808-2469709

Employment Application

Date: _____

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____ Apt. /Unit #: _____

City: _____ State: _____ Zip: _____

Social Security Number _____ - _____ - _____

Telephone #: _____ Email Address: _____

How did you hear about this job? _____ Were you referred by an employee? _____

Date available for work: _____ Salary required: _____ per _____

Education

High School

Name of School: _____ Address: _____

Phone: _____ Years completed? _____

Did you graduate? _____ Degree Type: _____

College

Name of School: _____ Address: _____

Phone: _____ Dates Attended: _____

Did you graduate? _____ Degree Type: _____ Major: _____

Name of School: _____ Address: _____

Phone: _____ Dates Attended: _____

Did you graduate? _____ Degree Type: _____ Major: _____

Other

Name of School: _____ Address: _____

Phone: _____ Dates Attended: _____

Did you graduate? _____ Degree Type: _____ Major: _____

Special Courses (Please list any additional training you may have received, including military training, apprenticeship programs, vocational training, courses or seminars.):

Employment History

Present or Most Recent Employer

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Starting salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____

_____ May we contact this employer? _____

Additional Employment History

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Starting salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____

_____ May we contact this employer? _____

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Starting salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____

_____ May we contact this employer? _____

Employment History cont.

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Starting salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____

May we contact this employer? _____

Briefly describe your long-term career goals: _____

Professional Licenses/Certifications

License/Certification	State	License Number	Date Expires

References

(Please do not include family members or relatives)

Name	Current Position and Company	Phone Number

Have you ever been convicted of a felony criminal offense? _____ If so, please explain: _____

Are you legally eligible for employment in the United States of America? _____

I certify that the information I have provided in this employment application is accurate and has been completed to the best of my knowledge and ability. I understand that any falsification, misrepresentation or omission in my interviews or any other employment record, will be sufficient reason to deny employment and/or may be reason for future dismissal.

Signature: _____ **Date:** _____