

Application For Employment



Thank you for your interest in our company. You must properly complete ALL portions of this employment application to be considered for employment at Territorial Savings Bank. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. Territorial Savings Bank is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, including gender identity and expression, race, religion, color, national origin, ancestry, marital status, civil union status, disability, arrest and court record, sexual orientation, military service, credit history, domestic or sexual abuse victim status, or other protected categories in accordance with state and federal laws. This employment application is valid for a three-month period after submission to Territorial Savings Bank and only for the position applied.

Please Print

Date of Application _____

Position Applied For _____ Salary / Wage desired _____

Referral Source:

<input type="checkbox"/> Territorial Savings Website	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> School Posting/Referral
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Job Fair	<input type="checkbox"/> State of Hawaii (HireNet Hawaii, WorkForce Development etc)
<input type="checkbox"/> Online Ad (Monster, Craigslist, Real Jobs Hawaii, Indeed, Dice, etc.)	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Employment/Staffing Agency	

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____
Area Code

Have you formerly used any other names? Yes No If yes, please list _____

Do you have friends or relatives working for Territorial Savings? Yes No If yes, who? _____

Have you ever filed an application with us before? Yes No If yes, give date? _____

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Are you legally authorized to work in the U.S.? Yes No

[Note: If offered employment, you will be required to submit the Immigration and Naturalization Form I-9 as required by the 1986 Immigration Reform and Control Act.]

If hired, on what date would you be available for work? _____ Can you travel if required? Yes No

Are you available to work Full time Part-time Temporary

Apart from religious observances, will you be available to work all other times? Yes No

Have you ever been convicted of a crime (felony or misdemeanor) involving dishonesty or breach of trust or money laundering or entered a pretrial diversion or similar program (such as a deferred acceptance plea) for such criminal offense? Yes No If yes, please explain _____

Were you ever discharged or asked to resign from a former position? Yes No If yes, explain _____

Employment Experience

List your most recent employer first. Please list all employers for at least the past 10 years and account for any period that you were **NOT** working. If additional space is required, attach a separate sheet.

1	Employer	Telephone	Dates Employed		Work Performed
			From (Mo/Yr)	To (Mo/Yr)	
	Address				
	Starting Job Title		Supervisor		
Final Job Title		Reason for Leaving			
2	Employer	Telephone	Dates Employed		Work Performed
			From (Mo/Yr)	To (Mo/Yr)	
	Address				
	Starting Job Title		Supervisor		
Final Job Title		Reason for Leaving			
3	Employer	Telephone	Dates Employed		Work Performed
			From (Mo/Yr)	To (Mo/Yr)	
	Address				
	Starting Job Title		Supervisor		
Final Job Title		Reason for Leaving			
4	Employer	Telephone	Dates Employed		Work Performed
			From (Mo/Yr)	To (Mo/Yr)	
	Address				
	Starting Job Title		Supervisor		
Final Job Title		Reason for Leaving			
5	Employer	Telephone	Dates Employed		Work Performed
			From (Mo/Yr)	To (Mo/Yr)	
	Address				
	Starting Job Title		Supervisor		
Final Job Title		Reason for Leaving			

Special Skills and Qualifications / Employment Gaps

Summarize special skills and qualifications acquired from employment or other experience, professional licenses and certifications. Also explain any periods that you were not working.

If you need additional space, please continue on a separate sheet of paper.

Education / Training

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed (Circle)	4 5 6 7 8 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Diploma/Degree				
Describe Course of Study				

Describe Specialized Training, Internships, Extra-Curricular Activities and Honors Received:

References

Give names of three persons not related to you, who know you through school, business or personal association.

1	Name	Phone Number	Business or Profession
	Address		
2	Name	Phone Number	Business or Profession
	Address		
3	Name	Phone Number	Business or Profession
	Address		

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

PLEASE READ CAREFULLY BEFORE SIGNING. If you have any questions regarding this statement, please ask them of any interviewer before signing.

- A. I promise that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statement or omission on this job application or during my interview, whenever discovered, is a reason for disqualification from further consideration or for dismissal from employment.
- B. If employed by Territorial Savings Bank, I agree to follow the guidelines and policies of the Bank, and understand that **MY EMPLOYMENT IS COMPLETELY VOLUNTARY AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY THE BANK OR MYSELF WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the Chief Executive Officer of Territorial Savings Bank has any authority to enter into any contract to employ me for any specified period of time or to modify terms and conditions of my employment and such an agreement must be in writing and signed by the Chief Executive Officer. Any oral representations to the contrary are void.
- D. I give my permission to Territorial Savings Bank to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Bank with information of any sort (including fact or opinion) they may have regarding me. In consideration of the Bank's review of this application, I release the Bank and all providers of any information from any liability as a result of furnishing and receiving this information. I understand and agree that if offered employment by the Bank, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Bank. If employed by the Bank, I further authorize the Bank to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the Bank for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that if offered employment by Territorial Savings Bank, I may be required to disclose criminal conviction information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory conviction record as determined by the Bank.
- F. I understand and agree that if offered employment by Territorial Savings Bank, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Bank.
- G. I understand and agree that all of the above terms and conditions will become part of my employment relationship with Territorial Savings Bank if I am employed by the Bank.

Authorization/Signature of Applicant: _____ **Date:** _____



**DISCLOSURE OF INTENTION TO OBTAIN CONSUMER CREDIT
REPORT AND AUTHORIZATION TO OBTAIN REPORT**

Prior to and for the duration of my employment with Territorial Savings Bank (TSB), I understand that investigative background inquiries are going to be made on myself. I understand that you will be requesting information from various Federal, State, Local and other agencies which maintain records concerning my past activities relating to my driving history, credit, criminal, civil and other experiences. These reports may also include inquiries regarding my educational history and past work experience and performance including reasons for termination of employment.

I authorize, without reservation, any party or agency contacted by this employer or its agents to furnish any of the above mentioned information or any other information requested.

TSB may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal conviction history, or mode of living for employment purposes. However, no consumer report will be obtained by TSB without your prior written consent.

Authorization

I hereby certify that TSB has disclosed that it will obtain a consumer credit report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal conviction history, or mode of living for employment purposes. TSB has also informed me that it will not obtain such a report without my prior written consent. I hereby authorize TSB and its representatives and agents to obtain a consumer credit report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal conviction history, or mode of living.

Signature: _____ Date: _____

Print name: _____

Voluntary Self-Identification – Pre-Offer Protected Veterans

Territorial Savings Bank is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, other protected veterans, and Armed Forces service medal veterans.

If you are a recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program.

The term “recently separated veteran” refers to any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty.

The term “other protected veteran” refers to a person who served on active duty during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

The term “Armed Forces service medal veteran” refers to a person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).

If you are a disabled veteran, we would like to include you in our affirmative action program.

This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

The term “disabled veteran” refers to a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary, or was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
 I AM NOT A PROTECTED VETERAN.
 I CHOOSE NOT TO SELF-IDENTIFY.

Applicant Name

Date of Application

Position Applied For

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.