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 coast360fcu.com

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

NAME: LAST		FIRST		M.I.	SOCIAL SECURITY NUMBER:		DATE:
MAILING ADDRESS:					EMAIL ADDRESS:		
HOME PHONE NUMBER:		WORK PHONE NUMBER:		MOBILE PHONE NUMBER:		DRIVER'S LICENSE NUMBER:	

GENERAL

POSITION(S) APPLIED FOR:			SALARY EXPECTED:			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <i>If "Yes", appropriate documentation will be required.</i>					<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU BEEN EMPLOYED HERE BEFORE? <i>If "Yes", please provide dates of employment, positions held and location.</i>					<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date [Mo/Yr]: _____ to _____		Position(s): _____		Location: _____		
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship						
DATE AVAILABLE TO WORK:		WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "Yes", with which employers?</i>				WERE YOU REFERRED FOR EMPLOYMENT BY A COAST360 FEDERAL CREDIT UNION EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME ANY RELATIVES EMPLOYED BY COAST360.		WHAT IS THE RELATIONSHIP?		If "Yes", whom? _____		
_____		_____				
_____		_____				
_____		_____				

EDUCATION

NAME AND ADDRESS	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE or DIPLOMA
HIGH SCHOOL or G.E.D.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE STUDIES			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (SPECIFY)			<input type="checkbox"/> YES <input type="checkbox"/> NO	

ACCOMPLISHMENTS

LIST ANY MEMBERSHIPS IN PROFESSIONAL AND CIVIC ORGANIZATIONS, SPECIAL ACCOMPLISHMENTS, AWARDS, HONORS, ETC.

EMPLOYMENT HISTORY

LIST BELOW PRESENT AND PAST EMPLOYMENT BEGINNING WITH THE MOST RECENT AND COMPLETE ALL ITEMS.

1 EMPLOYER NAME:	TELEPHONE NUMBER(S):	DATE OF EMPLOYMENT		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE?	
		From: _____ [Month/Day/Year]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS:	IMMEDIATE SUPERVISOR:	To: _____ [Month/Day/Year]	NUMBER OF HOURS WORKED PER WEEK:		
POSITION/TITLE:		STARTING SALARY/RATE:	ENDING SALARY/RATE:		
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:					
REASON FOR LEAVING:					

2 EMPLOYER NAME:	TELEPHONE NUMBER(S):	DATE OF EMPLOYMENT		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE?	
		From: _____ [Month/Day/Year]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS:	IMMEDIATE SUPERVISOR:	To: _____ [Month/Day/Year]	NUMBER OF HOURS WORKED PER WEEK:		
POSITION/TITLE:		STARTING SALARY/RATE:	ENDING SALARY/RATE:		
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:					
REASON FOR LEAVING:					

3 EMPLOYER NAME:	TELEPHONE NUMBER(S):	DATE OF EMPLOYMENT		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE?	
		From: _____ [Month/Day/Year]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS:	IMMEDIATE SUPERVISOR:	To: _____ [Month/Day/Year]	NUMBER OF HOURS WORKED PER WEEK:		
POSITION/TITLE:		STARTING SALARY/RATE:	ENDING SALARY/RATE:		
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:					
REASON FOR LEAVING:					

4 EMPLOYER NAME:	TELEPHONE NUMBER(S):	DATE OF EMPLOYMENT		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE?	
		From: _____ [Month/Day/Year]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS:	IMMEDIATE SUPERVISOR:	To: _____ [Month/Day/Year]	NUMBER OF HOURS WORKED PER WEEK:		
POSITION/TITLE:		STARTING SALARY/RATE:	ENDING SALARY/RATE:		
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:					
REASON FOR LEAVING:					

MILITARY

*TO BE COMPLETED IF YOU HAVE SERVED IN THE UNITED STATES ARMED FORCES.

IDENTIFY WHAT BRANCH AND DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

SKILLS & QUALIFICATIONS

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

INDICATE BELOW WHICH YOU ARE PROFICIENT WITH THE USE OF BY PLACING A CHECK MARK (3) NEXT TO THOSE THAT APPLY. RATE YOUR EXPERIENCE LEVEL ON A SCALE OF 1 (MINIMAL) TO 5 (EXPERT).

LIST BELOW ALL COMPUTER SOFTWARE AND HARDWARE WITH WHICH YOU ARE FAMILIAR:

	SKILL	RATE		SKILL	RATE
<input type="checkbox"/>	TYPING: _____ wpm		<input type="checkbox"/>	COPIER MACHINE	
<input type="checkbox"/>	PERSONAL COMPUTER		<input type="checkbox"/>	FACSIMILE MACHINE	
<input type="checkbox"/>	10-KEY CALCULATOR		<input type="checkbox"/>	OTHER: _____	

PLEASE LIST ANY LANGUAGE(S) YOU SPEAK OTHER THAN ENGLISH: _____

REFERENCES

LIST THREE (3) PERSONS WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS OR WHO HAVE HAD THE OPPORTUNITY TO EVALUATE YOUR WORK.

NAME	COMPANY/TITLE	CONTACT INFORMATION (Phone No., Email Address)	RELATIONSHIP	YEARS KNOWN

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, hereby certify that all information I have provided in order to apply for and secure work with Coast360 is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Coast360, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand Coast360 does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand this application remains current for 90 days from the date Coast360 receives it. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also understand if an offer of employment is made, it is contingent upon proof by me that I am legally authorized to work in the United States, in compliance with the Federal Immigration Law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Coast360 reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Coast360's Chief Executive Officer.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

