

Territorial Bank of American Samoa ('TBAS') Application for Employment

Territorial Bank of America Samoa ('TBAS') is an Equal Opportunity Employer. Applicants are considered for employment or promotion in accordance with all applicable local, state, and federal laws. Should you need reasonable accommodation to complete the application, please contact us at hr@mytbas.com.

PERSONAL INFORMATION				
☐ Mr. ☐ Mrs. ☐ Ms.	Last Name	First Name		Middle Initial
P.O Box	Village	City	State	Zip Code
Phone Number		Email Address		
EMPLOYMENT POSITION				
Position Desired		Type of Employment Desired ☐ Full-Time ☐ Part-Time ☐ Temporary		
Salary Desired		Date Available to Start		
Are you over the age of 18? ☐ Yes ☐ No		Are you currently employed? ☐ Yes ☐ No		
Are you legally entitled to work in American Samoa? ☐ Yes ☐ No		If No, please list the last date of employment:		
How did you hear about us? ☐ Website ☐ Newspaper ☐ Referred by TBAS Employee ☐ Other		If you have an immediate family member(s) who is currently employed with TBAS, please list the name and relationship below:		

If an employee of TBAS has referred you, please list the name and relationship below:	Have you ever been terminated or asked to resign? ☐ Yes ☐ No If Yes, please explain:			
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No If No, please explain:				
EDUCATION (List From Highest Education Achieved)				
High School, College, or University	Location	Dates Attended (mm/yyyy-mm-yyyy)	Did You Graduate?	Diploma or Degree Earned
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
JOB SKILLS/CERTIFICATIONS/LICENSES				
License/Certification	Number	Country of Issuance	Validation Date	

Special Job Skills (List any special skills or experience that you feel helps you in the position you are applying for)

EMPLOYMENT HISTORY (Start with your present or most recent employment. Please submit a Resume with your application)

1. Company/Employer Name	Dates of Employment			
	From (mm/yyyy)	To(mm/yyyy)		
Address (Village/City, State, Zip Code)	Position Title	Pay Rate		
Phone Number	Name of Supervisor			
Job Duties and Responsibilities				
Reason for Leaving?				
2. Company/Employer Name	Dates of Employment			
	From (mm/yyyy)	To(mm/yyyy)		
Address(Village/City,State,Zip Code)	Position Title	Pay Rate		
Phone Number	Name of Supervisor			
Job Duties and Responsibilities				



Centennial Office Building
Village of Utulei
PO Box 716
Pago Pago, AS 96799
Telephone: (684) 633-8143

*“The People’s Bank”
“Faletupe o le Atunu’u”*

Reason for Leaving?		
3. Company/Employer Name	Dates of Employment	
	From(mm/yyyy)	To(mm/yyyy)
Address (Village/City, State, Zip Code)	Position Title	Pay Rate
Phone Number	Name of Supervisor	
Job Duties and Responsibilities		
Reason for Leaving?		
AUTHORIZATION TO CONTACT PAST EMPLOYERS		
Do you authorize the Territorial Bank of American Samoa (TBAS) to contact all current and former employers listed in this application and/or your resume for the purpose of verifying your employment history, qualifications, and work performance?		
☐ Yes – I authorize TBAS to contact all employers listed.		
☐ No – I do not authorize TBAS to contact the employer(s) listed as exceptions below; however, TBAS may contact all other employers provided in this application or resume.		
If NO, please identify the exception(s) and provide reason(s):		



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PROFESSIONAL REFERENCES (Please list other professional references other than past employers. If you do not have three professional references, please list personal references)			
Full Name	Contact Phone Number	Occupation	Relationship

By my signature below, I authorize the Territorial Bank of American Samoa (TBAS) to investigate all statements contained in this application and any supporting documents as necessary to make an employment decision. I further release TBAS and its representatives from any and all liability arising from such investigation.

I acknowledge and understand that the hiring process may include, but is not limited to, a drug test, physical examination, and background investigation, as deemed necessary by TBAS.

I certify that this application was completed by me, and that all information provided is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information, omission, or misrepresentation may result in disqualification from further consideration or termination of employment if hired.

Applicant Signature	Date