



**American Samoa**

PO Box 716  
Pago Pago,  
American Samoa 96799

**APPLICATION FOR EMPLOYMENT**

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED**  
**PLEASE PRINT**

In compliance with Federal and Territory equal employment opportunity, laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national status, veteran status, non-job related disability, or any other protected group status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
          First                            Middle                            Last

Present address: \_\_\_\_\_  
                          P.O. Box                    Village                    City                    State                    Zip

Telephone Number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Do you have a legal right to be employed in the Territory? Yes \_\_\_\_\_ (proof required) No \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_

**GENERAL**

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for: \_\_\_\_\_  Full Time  Part-Time  Temporary

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Date available: \_\_\_\_\_

Are you related to anyone presently employed by Territorial Bank of American Samoa? \_\_\_\_\_

If yes: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name the computer programs which you are proficient in: \_\_\_\_\_

List any other qualifications (i.e. 10 key, typing speed): \_\_\_\_\_

Have you ever been terminated or asked to resign? \_\_\_\_\_

If yes, state employer, date, and complete circumstances: \_\_\_\_\_

NOTE: FOR REGULATORY AND BONDING PURPOSES YOU MAY BE FINGERPRINTED AND A BACKGROUND INVESTIGATION CONDUCTED REGARDING CRIMINAL RECORDS.  
HAVE YOU EVER BEEN CONVICTED, SENTENCED TO, PARTICIPATED IN A PRE-TRIAL DIVISION PROGRAM, OR PLEAD NO CONTEST IN CONNECTION WITH A CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREEACH OF TRUST? (Including, but limited to, shoplifting, robbery, embezzlement, forgery, perjury, tax evasion, etc.)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT**

<b>COMPANY NAME:</b> _____		DATES: From: _____ To: _____	
ADDRESS, CITY, STATE, ZIP: _____		POSITION(S) HELD: _____	
PHONE NO.: _____		DUTIES /RESPONSIBILITIES: _____	
NAME OF SUPERVISOR: _____		REASON FOR LEAVING: _____	
Base Gross Income: \$ _____			
Starting Wage: \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Ending Wage: \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Bonus <input type="checkbox"/> Incentives Amounts Received: \$ _____	Hours Worked: _____

<b>COMPANY NAME:</b> _____		DATES From: _____ To: _____	
ADDRESS, CITY, STATE, ZIP: _____		POSITION(S) HELD: _____	
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NAME OF SUPERVISOR: _____		REASON FOR LEAVING: _____	
Base Gross Income: \$ _____			
Starting Wage: \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Ending Wage: \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Bonus <input type="checkbox"/> Incentives Amounts Received: \$ _____	Hours Worked: _____

**EDUCATIONAL BACKGROUND**

Type of School	Name and City	Degree Earned	Course or Major
College/University:			
Technical School:			
High School:			
Other:			

**PROFESSIONAL REFERENCES**

NAME:	YEARS KNOWN	RELATIONSHIP AND TITLE:
COMPANY:		HOME PHONE:
WORK ADDRESS, CITY, STATE:		WORK PHONE:

NAME:	YEARS KNOWN	RELATIONSHIP AND TITLE:
COMPANY:		HOME PHONE:
WORK ADDRESS, CITY, STATE:		WORK PHONE:

**APPLICANT MUST READ AND SIGN**

By my signature below, I authorize Territorial Bank of American Samoa to investigate all references and to secure additional information about me if job related.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this bank, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination, drug test, and background investigation.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal if hired. I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_