



PO BOX 716
 Pago Pago, AS 96799
 Telephone (684)
 633-8143

"The People's Bank"
"Faletupe o le Atunu'u"

Territorial Bank of American Samoa is an equal Opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, please contact us at hr@mytbas.com.

Please complete all the sections below:

General Information

| | | | | |
|-----------------------------------|----------------------|---------------------------------------|----------------------|----------------------|
| Applicant Name: (Last, First, MI) | | Date of Application: (Month/Day/Year) | | |
| <input type="text"/> | | <input type="text"/> | | |
| Address: | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| P.O. Box | Village | City | State | Zip Code |
| Telephone Number: | | Email Address: | | |
| <input type="text"/> | | <input type="text"/> | | |

Employment Position

| | | | | |
|--|--|--|--|---|
| Position or type of Employment Desired: | | <input type="text"/> | | |
| Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | If not, last day of employment? <input type="text"/> | | |
| How did you hear about us? | | | | |
| <input type="checkbox"/> Internet | | <input type="checkbox"/> Newspaper | | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Referred by an Employee of TBAS? if yes complete section below | | | | |
| Name <input type="text"/> | | Relationship <input type="text"/> | | |
| <input type="text"/> | | | | |
| Are you legally entitled to work in the territory? | | | | |
| <input type="checkbox"/> Yes, please provide proof of documentation | | <input type="checkbox"/> No | | |
| Have you ever been terminated or asked to resign? If yes, please state employer, date, and complete circumstances: | | | | |
| <input type="checkbox"/> No | | <input type="checkbox"/> Yes | | |
| <input type="text"/> | | | | |



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Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?
 Yes No, if not please explain.

Part-Time Full-Time Temporary

Salary Desired: Date Available:

Education and Training:

High School Graduate Or General Education (GED) Test passed Yes No
 If no, list the highest grade completed.

College, Business School and Training

| Name and Location | Dates attended Month/Year | Credits Earned | | Graduate | Degree & Year | Major or Subject |
|-------------------|--|-----------------------------|-----------------|---|---------------|------------------|
| | | Quarterly or Semester Hours | Other (Specify) | | | |
| | From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|---|---|---|--|
| Occupational License, Certificate or Registration | Number <input style="width: 100%;" type="text"/> | Where Issued <input style="width: 100%;" type="text"/> | Expiration Date <input style="width: 100%;" type="text"/> |
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| |
|---|
| Special Skills (List all pertinent skills and equipment that you can operate) |
| |

Employment History: List present and past employment, begin with most recent. Please attach Resume.

| | | |
|---------------------------|------------------------------|----------------------|
| Company Name: | Dates: From: | To: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address, City, State, Zip | Positions(s) Held: | |
| <input type="text"/> | <input type="text"/> | |
| Phone No: | Pay Rate: | <input type="text"/> |
| <input type="text"/> | Reason for Leaving: | |
| <input type="text"/> | <input type="text"/> | |
| Name of Supervisor | Duties and Responsibilities: | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|---------------------------|------------------------------|----------------------|
| Company Name: | Dates: From: | To: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address, City, State, Zip | Positions(s) Held: | |
| <input type="text"/> | <input type="text"/> | |
| Phone No: | Pay Rate: | <input type="text"/> |
| <input type="text"/> | Reason for Leaving: | |
| <input type="text"/> | <input type="text"/> | |
| Name of Supervisor | Duties and Responsibilities: | |
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Professional References:

| | | | | |
|---------------------------|--|-------------|-------------------------|--|
| Name: | | Years Known | Relationship and Title: | |
| Company: | | | HomePhone | |
| Work Address, City, State | | | Work Phone: | |

| | | | | |
|---------------------------|--|-------------|-------------------------|--|
| Name: | | Years Known | Relationship and Title: | |
| Company: | | | Home Phone: | |
| Work Address, City, State | | | Work Phone: | |

COVID-19 Vaccination Requirements

In compliance with TBAS Mandatory Employee COVID-19 Policy; TBAS requires all employees, including new hires, to be fully vaccinated against COVID-19 and provide proof thereof or to obtain an approved medical or religious exemption prior to start date of employment.

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

I certify that I have read and understood all this employment application. It is agreed and understood that the employer or agents may investigate my background to ascertain any and all information of concern to my employment history, whether the 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 his bank, I may be asked to demonstrate that I can perform tasks which are pertinent to the job. I also understand that is 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 files.

I also understand that mis-presentations or omission of information or facts 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 the entries on it and information is true and complete to the best of my knowledge

Applicant Signature: **Date:**