



**E.A. BUCK FINANCIAL SERVICES**  
 55 Merchant St., #2100 • Honolulu, Hawaii 96813  
 888.210.6567 • employment@eabuck.com

## APPLICATION FOR EMPLOYMENT

Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to E.A Buck Financial Services and only for the desired position.

### PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
PRESENT ADDRESS			APT. NO.	CITY	STATE
DO YOU MEET THE MINIMUM AGE REQUIREMENT SET BY LAW FOR THE DESIRED POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO			PHONE	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTE: If offered employment you will be required to submit documentation required by IRCA.)					

### DESIRED EMPLOYMENT

DESIRED POSITION* <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		DESIRE START DATE	DESIRED SALARY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU BEEN PROVIDED WITH THE JOB DESCRIPTION OF THE DESIRED POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU HAVE BEEN PROVIDED WITH A JOB DESCRIPTION OF THE DESIRED POSITION, PLEASE ANSWER THIS QUESTION: AFTER READING THE JOB DESCRIPTION, CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT E.A. BUCK FINANCIAL SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE? (IF APPLICABLE)	WHEN? (IF APPLICABLE)
HAVE YOU EVER WORKED FOR E.A. BUCK FINANCIAL SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE? (IF APPLICABLE)	WHEN? (IF APPLICABLE)
WHO REFERRED YOU TO THIS COMPANY?			
<input type="checkbox"/> RELATIVE _____		<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT
<input type="checkbox"/> STATE EMPLOYMENT OFFICE		<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK-IN
		<input type="checkbox"/> FRIEND	<input type="checkbox"/> OTHER
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*NOTE: If hired, you will be required to perform work as required by the company.

## EMPLOYMENT APPLICATION

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

### FORMER EMPLOYERS

LIST BELOW YOUR LAST EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.  
**FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS.**

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON(S) FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON(S) FOR LEAVING				

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NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING			

### LIST THREE REFERENCES

NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1			
2			
3			

### SUMMARIZE JOB SKILLS & QUALIFICATIONS

PLEASE CHECK:	<input type="checkbox"/> MICROSOFT OUTLOOK	<input type="checkbox"/> MICROSOFT WORD	<input type="checkbox"/> 10-KEY BY TOUCH
	<input type="checkbox"/> MICROSOFT EXCEL	<input type="checkbox"/> MICROSOFT POWERPOINT	<input type="checkbox"/> MICROSOFT SHAREPOINT
	<input type="checkbox"/> TYPING WPM _____	<input type="checkbox"/> SALESFORCE	OTHER _____

**EMPLOYMENT APPLICATION**

**CERTIFICATION**

**PLEASE READ CAREFULLY BEFORE SIGNING**

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of E.A. Buck Financial Services. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that E.A. Buck Financial Services may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide E.A. Buck Financial Services with any information (including fact or opinion) they may have regarding me. In consideration of E.A. Buck Financial Services' review of this application, I release E.A. Buck Financial Services and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by E.A. Buck Financial Services, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by E.A. Buck Financial Services. If employed by E.A. Buck Financial Services, I further authorize E.A. Buck Financial Services to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against E.A. Buck Financial Services for truthfully communicating any such information to a potential or future employer.
- D. I understand and agree that I may be required to submit to a complete medical examination during my employment with E.A. Buck Financial Services, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by E.A. Buck Financial Services. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to E.A. Buck Financial Services in accordance with state and/or federal laws. E.A. Buck Financial Services will keep such result confidential and disclose the results only to persons who need to know or when required by law. I agree to fully cooperate and provide E.A. Buck Financial Services with any additional consent(s) and/or release(s) required by E.A. Buck Financial Services to investigate my employment application.
- E. I understand and agree that the E.A. Buck Financial Services may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer of employment to you. E.A. Buck Financial Services may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying.
- F. I understand and agree that if offered employment by E.A. Buck Financial Services, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by E.A. Buck Financial Services.
- G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the E.A. Buck Financial Services if I am employed by E.A. Buck Financial Services.

Authorization/Signature of Applicant: \_\_\_\_\_

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