



EMPLOYMENT APPLICATION

EMPL-APPL rev.1 8/28/2019

EOE Policy: The Congregational Christian Church of American Samoa (CCCAS) provides equal employment opportunities to all employees and applicants without discrimination towards race, color, religion, age, sex, national origin, disability status, gender identity or expression, or any other characteristic protected by federal or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

For the latest job opportunities from the CCCAS, please visit: <http://efkasonline.org/opportunities/employment>.

NOTE: Please type or print your answers. Use blue or black ink and print neatly. An illegible application may preclude you from employment consideration.

SECTION 1: APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
P.O. Box/Street Village/City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Age: _____ Gender: _____ Social Security #: _____

Position Applying for: _____

If you are applying for the position of "Lamepa Assistant Editor" or "OAK Program Coordinator," please complete SECTION 5.

Are you a citizen/national of the U.S.? YES NO If no, are you authorized to work in the U.S.? YES NO

AS Immigration ID# _____

Have you worked for the CCCAS before? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

SECTION 2: EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

SECTION 3: REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

SECTION 4: PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

SECTION 7: POSITION INFORMATION

How did you hear about the job advertisement: _____

What hours are you willing to work: _____

Would you be able to work weekends/holidays? YES NO Are you willing to travel on the job: YES NO

If hired, when will you be able to start work: _____ Desired Salary: _____

SECTION 8: DISCLAIMER & CERTIFICATION

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my disqualification/release.

Signature: _____ Date: _____

When submitting your employment application:

- Include your resume (if necessary), and a copy of all you relevant degree(s)/certification(s);
- You can do so through the following methods:

by delivery to: CCCAS Main Office Kanana Fou (*front desk*)

by Postal mail to: P.O. Box 1537
Pago Pago, AS 96799

by Email to: CCCAS@efkasonline.org (*make sure your application is signed and dated*)

Once we receive you application, we will notify you by phone/email as to the date/time of the interview.

FOR OFFICE USE ONLY:

Interviewers: _____

Position: _____ Department: _____

Hired on: _____ Salary (Grade/Step): _____

Approved for Hire: _____ Date: _____

General Secretary