



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"*

**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](mailto:hr@mytbas.com).*

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



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<p>If an employee of TBAS has referred you, please list the name and relationship below:</p>	<p>Have you ever been terminated or asked to resign?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please explain:</p>
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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 No, please explain:

**EDUCATION (Highest Education Achieved)**

High School, College, or University	Location	Dates Attended (From mm/yy – to (mm/yy))	Diploma or Degree

**JOB SKILLS/CERTIFICATIONS/LICENSES**

License/Certification	Number	Country of Issuance	Validation Date



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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 providing)**

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

May we contact this employer for employment verification?  Yes  No

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	



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Job Duties and Responsibilities			
May we contact this employer for employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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			
May we contact this employer for employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PROFESSIONAL REFERENCES (Please list other professional references other than past employers. If you do not have three professional references, please list personal references)</b>			
Full Name	Contact Phone Number	Occupation	Relationship

*By my signature below, I authorize the Territorial Bank of American Samoa ('TBAS') to investigate all statements in this application as necessary for employment decision and to release TBAS and its representatives from any liability related to the investigation. I acknowledge and understand that the hiring process may include drug test, physical examinations, and background investigation.*



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*I certify that this application was completed by me, and that all the entries and information is true and complete to the best of my knowledge. I understand that false or misleading information may result in my dismissal if hired.*

Applicant Signature	Date