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HILO, HI 96720
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APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

RECEIVED DATE	INTERVIEW SCHEDULE DATE

INSTRUCTIONS: THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH OUR COMPANY. 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, INCLUDING GENDER IDENTITY OR EXPRESSION, RELIGION, COLOR, NATION ORIGIN, ANCESTRY, MARITAL STATUS, CREDIT HISTORY, DISABILITY, SEXUAL ORIENTATION, DOMESTIC OR SEXUAL ABUSE VICTIM STATUS, OR ANY OTHER PROTECTED CATEGORY RECOGNIZED BY HAWAII AND FEDERAL LAWS, EXCEPT WHERE A BONA-FIDE OCCUPATIONAL QUALIFICATION EXISTS. THIS EMPLOYMENT APPLICATION IS VALID FOR A THREE-MONTH PERIOD AFTER SUBMISSION TO THE COMPANY AND ONLY FOR THE DESIRED POSITION. CONSIDERATION FOR EMPLOYMENT AFTER THE THREE-MONTH PERIOD REQUIRES COMPLETION AND SUBMISSION OF A NEW APPLICATION. USE ADD IONAL PAPER IF NECESSARY TO FULLY ANSWER ANY QUESTION.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)

HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (FOR BACKGROUND AND CRIMINAL CHECK)

PRESENT ADDRESS	APT. NO	CITY	STATE	ZIP

PHONE: CELL: EMAIL:	UPON HIRE YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? (NOTE: IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT DOCUMENTATION REQUIRED BY IRCA.) ❑ YES ❑ NO

DESIRED EMPLOYMENT

DESIRED POSITION*	DATE YOU CAN START	SALARY DESIRED

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE? ❑ YES ❑ NO	WHERE?	WHEN?

DO YOU HAVE A GUARD CARD? ❑ YES - _____ ❑ NO	AVAILABILITY: _____

DO YOU HAVE A VEHICLE? ❑ YES ❑ NO A VEHICLE IS REQUIRED TO TRAVEL TO AND FROM THE JOB SITE(S).	DO YOU HAVE A CELL PHONE? ❑ YES ❑ NO A CELL PHONE IS REQUIRED IN CASE OF EMERGENCY OR LAST MINUTE SCHEDULE CHANGES.	APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? ❑ YES ❑ NO

WHO REFERRED YOU TO THIS COMPANY?

❑ RELATIVE	❑ EMPLOYMENT AGENCY
❑ FRIEND	❑ NEWSPAPER / ONLINE ADVERTISEMENT
❑ STATE EMPLOYMENT OFFICE	❑ WALK-IN
❑ COLLEGE PLACEMENT SERVICE	❑ OTHER

REFERENCES

GIVE THE NAMES OF THREE (3) BUSINESS / WORK REFERENCES WHO ARE NOT RELATED TO YOU AND WHO ARE **NOT** PREVIOUS SUPERVISORS.

	NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1				
2				
3				

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

WORK HISTORY

PLEASE ACCOUNT FOR THE LAST TEN (10) YEARS OF EMPLOYMENT STARTING WITH YOUR MOST RECENT.
FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY.

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS	CITY	STATE	ZIP

STARTING DATE	DATE LAST WORKED	JOB TITLES

NAME OF SUPERVISOR	TITLE OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?
		❑ YES ❑ NO – WHY? _____

DESCRIPTION OF WORK

WERE YOU TERMINATED OR ASKED TO RESIGN?

❑ YES – PLEASE EXPLAIN: ❑ NO – REASON FOR LEAVING:

NAME OF EMPLOYER

ADDRESS	CITY	STATE	ZIP

STARTING DATE	DATE LAST WORKED	JOB TITLES

NAME OF SUPERVISOR	TITLE OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?
		❑ YES ❑ NO – WHY? _____

DESCRIPTION OF WORK

WERE YOU TERMINATED OR ASKED TO RESIGN?

❑ YES – PLEASE EXPLAIN: ❑ NO – REASON FOR LEAVING:

NAME OF EMPLOYER

ADDRESS	CITY	STATE	ZIP

STARTING DATE	DATE LAST WORKED	JOB TITLES

NAME OF SUPERVISOR	TITLE OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?
		❑ YES ❑ NO – WHY? _____

DESCRIPTION OF WORK

WERE YOU TERMINATED OR ASKED TO RESIGN?

❑ YES – PLEASE EXPLAIN: ❑ NO – REASON FOR LEAVING:

WORK HISTORY (CONTINUED)

NAME OF EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	DATE LAST WORKED	JOB TITLES		
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? ❑ YES ❑ NO – WHY? _____		
DESCRIPTION OF WORK				
WERE YOU TERMINATED OR ASKED TO RESIGN? ❑ YES – PLEASE EXPLAIN: ❑ NO – REASON FOR LEAVING:				

NAME OF EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	DATE LAST WORKED	JOB TITLES		
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? ❑ YES ❑ NO – WHY? _____		
DESCRIPTION OF WORK				
WERE YOU TERMINATED OR ASKED TO RESIGN? ❑ YES – PLEASE EXPLAIN: ❑ NO – REASON FOR LEAVING:				

JOB SKILLS, QUALIFICATIONS, AND EMPLOYMENT GAPS

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND / OR CERTIFICATES THAT MAY ASSIST YOU IN PERFORMING THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING. IF DRIVING IS REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING, PLEASE PROVIDE YOUR VALID DRIVERS LICENSE NUMBER, EXPIRATION DATE, AND STATE OF ISSUANCE. ALSO, EXPLAIN ANY PERIODS THAT YOU WERE NOT WORKING DURING THE PAST TEN (10) YEARS, OTHER THAN DUE TO PERSONAL ILLNESS, INJURY OR DISABILITY. USE ADDITIONAL PAPER IF NECESSARY.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

A. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS OR OMISSIONS REGARDING THIS APPLICATION OR DURING THE INTERVIEW(S), WHENEVER DISCOVERED, ARE GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION OR FOR DISMISSAL FROM EMPLOYMENT, REGARDLESS OF WHEN AND / OR HOW DISCOVERED.

B. I UNDERSTAND THAT **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY EITHER THE COMPANY OR MYSELF**.

C. I UNDERSTAND AND AGREE THAT ONLY THE PRESIDENT OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANDY AGREEMENT TO EMPLOY ME FOR ANY SPECIFIED PERIOD OF TIME OR TO MODIFY TERMS AND CONDITIONS OF MY EMPLOYMENT. I AGREE THAT SUCH AN AGREEMENT MUST BE IN WRITING AND SIGNED BY THE PRESIDENT, AND I WILL NOT RELY UPON ANY OTHER REPRESENTATIONS REGARDLESS OF THE SOURCE.

D. I UNDERSTAND AND AGREE THAT THE COMPANY MAY MAKE A FULL AND COMPETE INVESTIGATION OF MY PERSONAL OR EMPLOYMENT HISTORY, AND AUTHORIZE ANY FORMER EMPLOYER, PERSON, FIRM, CORPORATION, SCHOOL, GOVERNMENT AGENCY, OR OTHER ENTITY TO PROVIDE THE COMPANY WITH ANY INFORMATION (INCLUDING FACT OR OPINION) THEY MAY HAVE REGARDING ME. IN CONSIDERATION OF THE COMPANY'S REVIEW OF THIS APPLICATION, I RELEASE THE COMPANY AND ALL PROVIDERS OF ANY INFORMATION FROM ANY LIABILITY, WHICH MAY ARISE AS A RESULT OF FURNISHING AND RECEIVING THIS INFORMATION. I UNDERSTAND AND AGREE THAT ANY OFFERED EMPLOYMENT OR CONTINUED EMPLOYMENT BY THE COMPANY SHALL BE CONDITIONAL UPON THE RECEIPT OF SATISFACTORY REFERENCES AS DETERMINED BY THE COMPANY. IF EMPLOYED BY THE COMPANY, I FURTHER AUTHORIZE3 THE COMPANY TO PROVIDE TRUTHFUL INFORMATION (INCLUDING FACT OR OPINION) REGARDING MY EMPLOYMENT TO ANY POTENTIAL OR FUTURE EMPLOYER AND I RELEASE AND WAIVE ANY CLAIMS AGAINST THE COMPANY FOR TRUTHFULLY COMMUNICATING ANY SUCH INFORMATION TO A POTENTIAL OR FUTURE EMPLOYER.

E. I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO SUBMIT TO DRUG TESTING AND A COMPLETE POST-OFFER MEDICAL EXAMINATION AS PART OF MY APPLICATION FOR EMPLOYMENT. I ALSO UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO SUBMIT TO A COMPLETE MEDICAL EXAMINATION DURING MY EMPLOYMENT WITH THE COMPANY, PROVIDED THAT SUCH EXAMINATION IS JOB-RELATED AND CONSISTENT WITH BUSINESS NECESSITY. I AUTHORIZE THAT 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 THE COMPANY IN ACCORDANCE WITH STATE AND / OR FEDERAL LAWS. THE COMPANY WILL KEEP SUCH RESULTS CONFIDENTIAL AND DISCLOSE THE RESULTS ONLY TO PERSON WHO NEED TO KNOW OR WHERE REQUIRED BY LAW. ALSO, I AGREE TO FULLY COOPERATE AND PROVIDE THE COMPANY WITH ANY ADDITIONAL CONSENT(S) AND / OR RELEASE(S) AS REQUIRED BY THE COMPANY TO INVESTIGATE MY EMPLOYMENT APPLICATION OR FOR ANY OTHER EMPLOYMENT PURPOSES.

F. I UNDERSTAND THAT THE COMPANY WILL INQUIRE INTO AND CONSIDER ANY CRIMINAL CONVICTION RECORD THAT MAY HAVE AND EXPRESSLY AUTHORIZE AND CONSENT TO SUCH INQUIRY.

G. I CERTIFY THAT I AM NOT PRESENTLY SUFFERING FROM NOR HAVE I SUFFERED IN THE PAST FROM ANY PSYCHIATRIC OR PSYCHOLOGICAL DISORDER WHICH IS DIRECTLY RELATED AND DETRIMENTAL TO MY PERFORMANCE OF EMPLOYMENT WITH THE COMPANY.

H. I UNDERSTAND AND AGREE THAT IF OFFERED EMPLOYMENT BY THE COMPANY, I MAY BE REQUIRED TO DISCLOSE MILITARY SERVICE INFORMATION IN ACCORDANCE WITH LAW, AND THAT ANY SUCH EMPLOYMENT OFFER SHALL BE DEPENDANT UPON THE RECEIPT OF A SATISFACTORY MILITARY RECORD AS DETERMINED BY THE COMPANY.

I. IF HIRED, I AGREE NOT TO DISCLOSE OR USE CONFIDENTIAL INFORMATION BELONGING TO PRIOR EMPLOYERS AND THAT I WILL INFORM THE COMPANY OF ANY AGREEMENTS THAT WOULD LIMIT MY ABILITY TO WORK FOR THE COMPANY.

J. I UNDERSTAND AND AGREE THAT ALL OF THE FOREGOING TERMS AND CONDITIONS WILL BECOME PART OF MY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IF I AM EMPLOYED BY THE COMPANY.

_____

AUTHORIZATION / CONSENT / SIGNATURE OF APPLICANT

_____

PRINT NAME

_____

DATE