



1130 N. Nimitz Hwy, C-210
 Honolulu, HI 96817
 Phone: (808) 838-7752
 Fax: (808) 838-1653

APPLICATION FOR EMPLOYMENT

Date:
Job/Position you are applying for (must be filled in):
Desired Salary/Wage:
Are you able to perform the essential functions of this position with or without reasonable accommodation?

Equal Opportunity Employer: Company is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

GENERAL INFORMATION:

Name	Email Address
Address	Telephone No. (Cell or Residence)
City	State
	Zip Code

EMPLOYMENT RECORD: STARTING WITH PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format. Do not write "see/refer resume."*

Name & Address of Current or Former Employer	Dates Employed	Position & Duties	Full-Time or Part-Time	Reason for Leaving
Company Name Address Phone	From Mo./Yr. To Mo./Yr.	Position & Duties: Supervisor's Name		
Company Name Address Phone	From Mo./Yr. To Mo./Yr.	Position & Duties: Supervisor's Name		
Company Name Address Phone	From Mo./Yr.	Position & Duties:		

	To Mo./Yr.	Supervisor's Name		
Company Name	From Mo./Yr.	Position & Duties:		
Address	To Mo./Yr.	Supervisor's Name		
Phone				
Company Name	From Mo./Yr.	Position & Duties:		
Address	To Mo./Yr.	Supervisor's Name		
Phone				

MISCELLANEOUS:

May we contact your current employer(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you know anyone presently working for our company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, who?		

REFERENCES: Do not list family members or personal friends. List individuals who can provide us with information about your ability to perform the job for which you are applying.

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

EDUCATION:

Education	Name of School	Address	No. of Yrs. Attended	Degrees
High School				
College				
Other (graduate school, trade school, etc.)				

NOTE:

It is the policy of this Company to hire only U.S. citizens and aliens who are authorized to work in this country. *(As a condition of employment, you will be required to provide original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)*

ACKNOWLEDGEMENT AND CERTIFICATION:

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating or arising out of any inquiry by Company regarding my work history, education, character, reputation, and background.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company's at-will employment policy or enter into any agreement contract to this policy. Any such modification must be in writing and signed by the employee and the President.

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

Applicant Signature

Application Date