



625 Kapahulu Ave
Honolulu, HI 96815

Application for Employment

Date:
Renewed:
Job/Position you are applying for: (Must be filled in)

GENERAL INFORMATION:

Name	Social Security No.
Address	Telephone No.
City State Zip Code	Email:

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.*

Name & Address of Former Employer	Dates Employed	Position & Duties	Salary	Reason for Leaving
Company Name (Most Recent) Phone No. & Street City & State Zip	From To Mo./Yr. Mo./Yr.	 Supervisor's Name	Starting \$ Leaving \$	
Company Name (2nd Most Recent) Phone No. & Street City & State Zip	From To Mo./Yr. Mo./Yr.	 Supervisor's Name	Starting \$ Leaving \$	
Company Name (3rd Most Recent) Phone No. & Street City & State Zip	From To Mo./Yr. Mo./Yr.	 Supervisor's Name	Starting \$ Leaving \$	
Company Name Phone No. & Street (Street Address required upon request) City & State Zip	From To Mo./Yr. Mo./Yr.	 Supervisor's Name	Starting \$ Leaving \$	
Company Name Phone No. & Street (Street Address required upon request) City & State Zip	From To Mo./Yr. Mo./Yr.	 Supervisor's Name	Starting \$ Leaving \$	
Company Name Phone No. & Street (Street Address required upon request) City & State Zip	From To Mo./Yr. Mo./Yr.	 Supervisor's Name	Starting \$ Leaving \$	

AVAILABILITY:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

TRAVEL PLANS (Approximate):

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Start Date				
End Date				

EDUCATION:

	Name of School	Address (City and State Only)	No. of Yrs. Attended	Degrees
High School				Graduated: Yes / No?
College				
Other (trade school, etc.)				

MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician.

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____ Applicant's Initials _____

OTHER:

Do you know anyone presently working for our company? _____ If so, who? _____

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 produce original documents establishing your identity and authorization to work, and to complete the U. S. Immigration and Naturalization Service's Form I-9.)

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 when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. 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.

_____ Application Date _____

_____ Applicant's Signature _____