APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with ("COMPANY"). Please complete all portions of this employment application to be considered for employment at COMPANY. 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, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three-month period after submission to COMPANY and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any questions. I. PERSONAL INFORMATION: Upon hire, you will be required to present proof of age, authorization to work and your social security number. First Have you ever used other names? If so, please print (For Name. background and criminal conviction check): Present Address: Apt. No: State: Zip: Telephone Number: Email Address: Mobile Number: Can you, upon employment, submit verification of your legal right to work in the United States? ☐ Yes □ No [NOTE: If offered employment, you will be required to submit documentation required by IRCA.] II. EMPLOYMENT INTEREST Position of Interest*: Apart from religious observances, will you be able to work all Date You Can Start: other times? When? Have you ever applied for employment at COMPANY before? Where? ☐ Yes □ No Have you ever worked for COMPANY before? Where? When? ☐ Yes □ No Who referred you to COMPANY? □ Relative_ ☐ Newspaper Advertisement ☐ Friend ☐ Employment Agency ☐ State Employment Office □ College Placement Service □ Other_ ■ Walk In *If hired, you will be required to perform work as required by COMPANY. III. EDUCATION School Level Name and Location of School Did you graduate? Degree/certification received; subjects studied High School College Other IV. FORMER EMPLOYERS: Please account for the past five years of employment by answering all questions for each employer. Present Employer Previous Employer Previous Employer Company Name: Company Phone Number: Company Address: Start Date & Date Last Worked: May we contact your supervisor? If not, why? Supervisor Name, Title, Phone Number & Email: Summarize job responsibilities: Reason(s) for leaving: If you were terminated or asked to resign, please explain:



V. EMPLOYMENT GAPS: Explain any period	Is that you were not working o	during the past 10 years, other th	an due to personal ill	lness, injury, or disability.
VI. REFERENCES: List name and telephone no If not applicable, list three personal references wh		k references who are NOT related	l to you and are NOT	previous supervisors.
Name	Title	Relationship to you	Phone Number	Number of years known
1.				
2.				
2.				
3.				
VII. JOB SKILLS AND QUALIFICATIONS				
position for which you are applying. If driving is re and state of issuance.	equired for the Job you are app	Diying for, please provide your val	a ariver's license nui	mber, expiration date,
	_			
VIII. RELATED INFORMATION: If you are a	a member of any job-related o	organizations (professional, trade	etc.) or have receive	ed any job-related awards
or accomplishments, list and describe them. Excl	lude any information that wou	ıld reveal your age, race, sex, relig	ion, color, national o	
status, disability, sexual orientation, arrest and cou	urt record or any other protect	ted category recognized by Hawa	aii and federal laws.	
CERTIFICATION (Please read carefully before significant control of the control of	,			
 The information in this application is true ar grounds for disqualification from further cons 			de in this application	n or interview(s) are
This application is not a contract of employment				CAN BE TERMINATED
AT ANY TIME AND FOR ANY REASON WITH				
The Company may investigate my personal a other person/entity may provide the Compan				
history. If employed by the Company, the Co potential or future employer. I release the Co				
or receiving such information.	Impany and an providers of Sur	CIT II II OITH attorr II OITH arry liability v	illicit tilay allse as a	result of furfilsfilling and/
4. I may be required to submit to drug testing and				
a medical examination during my employmer necessity. I authorize the physician or laborat				
with state and/or federal laws. The Company				ompany in accordance
5. The Company may inquire into and consider a				
Company may withdraw a conditional emplores responsibilities of the position for which I an	n applying. Any criminal conv	iction record that is more than 10		
incarceration) or that involves certain Family			_	
If hired, I shall not disclose or use confidential i my ability to work for the Company.	intormation belonging to prior	employers and that I will inform Co	ompany of any agree	ments that would limit
7 All of the foregoing terms and conditions will be	acome part of my amployment	relationship with Company if Lam	employed by the Cor	mnany

Print Name:



Signature:

Date: