



Date:
Renewed:
Job/ Position applying for: (Must be filled in)
Location: (Upstairs, Kailua, or Pier 38; Must be filled in)

# Application for Employment

## General Information

Name:	Email:
Address:	Telephone Number:
City: State:	Zip Code:

**EMPLOYMENT RECORD:** Starting with present or MOST RECENT, list all previous employers, includes self-employment, military service, summer, and part-time jobs.

Name & Address of Former Employer	Dates Employed		Position & Duties	Salary	Reason for Leaving
	From Mo./Yr.	To Mo./Yr.			
Company Name: Phone:				Starting \$	
Street Address:					
City & State: Zip Code:					
			Supervisor's Name	Leaving \$	
Company Name: Phone:				Starting \$	
Street Address:					
City & State: Zip Code:					
			Supervisor's Name	Leaving \$	
Company Name: Phone:				Starting \$	
Street Address:					
City & State: Zip Code:					
			Supervisor's Name	Leaving \$	
Company Name: Phone:				Starting \$	
Street Address:					
City & State: Zip Code:					
			Supervisor's Name	Leaving \$	
Company Name: Phone:				Starting \$	
Street Address:					
City & State: Zip Code:					
			Supervisor's Name	Leaving \$	
Company Name: Phone:				Starting \$	
Street Address:					
City & State: Zip Code:					
			Supervisor's Name	Leaving \$	

**References (Not Relatives)**

Name:	Occupation:
Address:	Telephone Number:
Name:	Occupation:
Address:	Telephone Number:

**Education:**

	Name & Address of School	No. of Years Attended	Degree
Elementary			
Middle School			
High School			
College			
Other			

**Medical Information:**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical examination at company expense and by a company-chosen physician with the offer of employment conditioned on the result of such examination.

Employees at anytime during the course of their employment maybe be required to undergo a medical examination at company expense and by a company chosen physician. I authorize the physician conduction the examination and any laboratory testing and specimen obtained by the physician to discuss the results of the examination and the laboratory test with the company

Are you able to perform the essential functions for this job with or without reasonable accommodation \_\_\_\_\_ Applicants Initials \_\_\_\_\_

**Other:**

Have you ever been convicted of a crime which would have a substantial relationship to the functions and responsibilities of the position for which you are applying? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you know anyone working for our Company? \_\_\_\_\_ If so, who? \_\_\_\_\_

**Notes:**

It is the policy of this Company to hire only U.S. Citizens and aliens who are 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 its 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 anytime, either by myself or the Company, with or without cause, reason and with or without notice.**

\_\_\_\_\_ Application Date

\_\_\_\_\_ Applicant's Signature