



P.O. Box 5289
 Kailua-Kona, HI 96740
 (808) 329-3532

Employment Application

APPLICANT INFORMATION				
Last Name:	First:	M.I.:	Today's Date:	
Have you ever used any other names? If so, please print. (For background and criminal conviction check)				
Mailing Address:			Apartment/Unit #:	
City:	State:	ZIP:		
Phone:	E-mail Address:			
Upon hire, you will be required to present proof of age, authorization to work and your social security number. Can you, upon employment, submit verification of your legal right to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>				
DESIRED EMPLOYMENT				
*Position Applied for:		Date you can start:		Compensation Desired:
Who referred you to the company? <input type="checkbox"/> Relative _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk-In <input type="checkbox"/> Other				
Have you ever worked for the company before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
What days are you available? Check all that apply: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Apart from Religious observances, will you be able to work all other times? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>*If hired, you will be required to perform work as required by employer.</i>				
EDUCATION				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED	
HIGH SCHOOL:				
COLLEGE:				
OTHER:				
REFERENCES				
List name and telephone number of 3 business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list 3 personal references who are NOT related to you.				
NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN

FORMER EMPLOYERS Please account for last 10 years of employment by answering all questions for each employer.

Name of Present or Last Employer:

Address: City: State: Zip Code:

Starting Date: Date Last Worked: Job Titles:

Name of Supervisor: Title: Employer's Phone Number:

May we contact your Supervisor? YES NO

If not, why?

Summarize Type of Work Performed and Job Responsibilities:

Reason(s) for Leaving: If you were terminated or asked to resign, please explain:

Name of Next Previous Employer:

Address: City: State: Zip Code:

Starting Date: Date Last Worked: Job Titles:

Name of Supervisor: Title: Employer's Phone Number:

May we contact your Supervisor? YES NO

If not, why?

Summarize Type of Work Performed and Job Responsibilities:

Reason(s) for Leaving: If you were terminated or asked to resign, please explain:

Name of Next Previous Employer:

Address: City: State: Zip Code:

Starting Date: Date Last Worked: Job Titles:

Name of Supervisor: Title: Employer's Phone Number:

May we contact your Supervisor? YES NO

If not, why?

Summarize Type of Work Performed and Job Responsibilities:

Reason(s) for Leaving: If you were terminated or asked to resign, please explain:

EMPLOYMENT GAPS Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

JOB SKILLS & QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and State of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job related awards or accomplishments, list and describe them. Exclude any information that would reveal your 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.