



91-238 Kalaeloa Blvd
 Kapolei, HI 96707
 (808)682-8282 F-(808)682-0391

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Phone Number	Cellular Phone Number	Other Contact Number	Social Security Number		

Best time to contact you is: _____ am / pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever been employed with us before? If yes, give date _____ YES NO

Do any of your friends or relatives, other than spouse, work here? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment YES NO

Are you available to work Full Time? YES NO

Date available for work ____/____/____ What is your desired salary range? _____

Can you travel if job requires it? YES NO

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Vocational / Technical / Other				

Summarize any specilized and/or job-related training, apprenticeship, military training:	Specialized Skills:
	Typing - WPM _____
	PC/Mac _____
	Word Software _____
	Spreadsheet Software _____
	Other _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Work Performed					
Address						
Telephone Number(s)						
Job Title						
Supervisor	Dates Employed	From	To	Hourly Rate / Salary	Starting	Final
Reason for Leaving						
Employer	Work Performed					
Address						
Telephone Number(s)						
Job Title						
Supervisor	Dates Employed	From	To	Hourly Rate / Salary	Starting	Final
Reason for Leaving						
Employer	Work Performed					
Address						
Telephone Number(s)						
Job Title						
Supervisor	Dates Employed	From	To	Hourly Rate / Salary	Starting	Final
Reason for Leaving						

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Name	Address	Phone Number(s)

I hereby certify that all information that I have provided on this application is true and complete. I agree and understand that regardless of the time of discovery any misrepresentation or omission of fact may result in rejection of this application or forfeiture of my employment with the Company.

I hereby authorize the Company to investigate fully and completely my references, employment record and other matters related to my suitability for employment, including contacting references, current and previous employers and other organizations or persons relevant to my employment suitability.

I authorize persons, schools, my current employer and previous employers and organizations contacted by the Company to provide any and all relevant information regarding my current and/or previous employment. I release and waive any and all claims against all such employers, schools, persons, government agencies and organizations and the Company for providing or receiving such information.

I agree that if I am offered employment the Company is authorized to investigate fully and completely my background in relation to the position I have been hired for, including, without limitation, my credit history, any criminal records, any abuse records, and my motor vehicle driving records. I authorize the Company to rely upon such investigations and information. I understand that any such offer of employment is conditioned upon such investigation verifying that I am suitable for the position for which employment has been conditionally offered. Therefore, the offer of employment could be withdrawn if such investigation were to show that I am not suitable for the position.

I understand that if offered employment by the Company I may be required to provide satisfactory proof of identity and legal work authorization and that my failure to submit such proof may result in my not being hired by the Company or immediate termination of my employment, as appropriate.

I understand that if employed by the Company, my employment and compensation would be at-will and, therefore, could be terminated, with or without cause at any time without prior notice, at my option or the option of the Company. This at-will employment relationship would remain in effect throughout my employment with the Company, unless it is specifically modified by an express written employment agreement executed by an authorized representative of the Company and me.

I understand that, if I am offered employment by the Company, by accepting such offer I agree that (a) I will abide by the rules and regulations of the Company in effect from time-to time; (b) I will at no time, during or after the term of my employment with the Company, use for my own benefit or the benefit of others, or disclose or divulge to others, any confidential information belonging to the Company, including, but not limited to, trade secrets, customer lists, supplier lists and prices, pricing schedules, methods, processes, or marketing plans, and (c) I will upon termination of my employment with the Company, return to the Company, retaining no copies, all documents relating to the Company's business including, but not limited to, reports, manuals, drawings, diagrams, blueprints, correspondence, customer lists, computer programs, and all other materials and all copies of such materials that I obtained during my employment with the Company.

If there is any dispute between the Company and me (a) arising out of or in connection with this employment application, or (b) in the event I am employed by the Company, arising out of my employment with the Company, I agree to submit the dispute to mediation and, if agreement cannot be reached by mediation, to submit the difference to binding arbitration. Any arbitration shall be conducted before one arbitrator, which the Company and I shall attempt to select by mutual agreement. I agree that the decision of the arbitrator shall be binding, final, enforceable and not appealable to any court except as provided in Chapter 658A of the Hawaii Revised Statutes. All proceedings shall be held in Honolulu, Hawaii.

I further agree that, except as and to the extent required by law, neither I nor anyone on my behalf will make, directly or indirectly, any public comment, statement or communication with respect to, or otherwise disclose or permit the disclosure of, the existence of the dispute or any matter concerning the dispute. I further agree that, except to the extent required by law, any mediation proceeding and arbitration proceeding shall remain confidential, and that neither I nor any one on my behalf shall disclose any information, statements, testimony or findings submitted to or rendered in the proceedings.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me.

I understand that this application for employment shall considered active for a period of time not to exceed forty-five (45) days. If I wish to be considered for employment beyond this time period I understand that I should inquire as to whether or not applications are being accepted at that time.

I have read and fully understand this employment application, and I seek employment under these conditions.

Signature

Date