



2350 Dole Street, Honolulu, HI 96822  
 Ph: 808-973-1000 Fax: 808-973-1090

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

**APPLICATION FOR EMPLOYMENT**

**GENERAL INFORMATION**

Name		Email Address	
Address		Telephone Number	
City	State	Zip Code	

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

Name & Address of Former Employer		Dates Employed	Position & Duties	Salary	Reason for Leaving
COMPANY NAME	PHONE	FROM MM/YY		STARTING	
STREET ADDRESS					
CITY & STATE	ZIP	TO MM/YY		LEAVING	
				SUPERVISOR'S NAME	
COMPANY NAME	PHONE	FROM MM/YY		STARTING	
STREET ADDRESS					
CITY & STATE	ZIP	TO MM/YY		LEAVING	
				SUPERVISOR'S NAME	
COMPANY NAME	PHONE	FROM MM/YY		STARTING	
STREET ADDRESS					
CITY & STATE	ZIP	TO MM/YY		LEAVING	
				SUPERVISOR'S NAME	
COMPANY NAME	PHONE	FROM MM/YY		STARTING	
STREET ADDRESS					
CITY & STATE	ZIP	TO MM/YY		LEAVING	
				SUPERVISOR'S NAME	
COMPANY NAME	PHONE	FROM MM/YY		STARTING	
STREET ADDRESS					
CITY & STATE	ZIP	TO MM/YY		LEAVING	
				SUPERVISOR'S NAME	

Please attach additional sheets if necessary, following the same format.

**REFERENCES** (Not relatives or former employers)

<b>NAME</b>	<b>OCCUPATION</b>
<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>NAME</b>	<b>OCCUPATION</b>
<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>

**EDUCATION**

	Name of School	Address	No. of Years Attended	Degrees
Elementary				
Jr High/ Intermediate				
High School				
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. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

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? \_\_\_\_\_

Have you ever applied for a position with our company? \_\_\_\_\_

If so, when did you apply and for which position(s)? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Have you ever received a degree under a different name? \_\_\_\_\_

How did you learn of this job opportunity? (i.e. tv, newspaper, etc.) \_\_\_\_\_

**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. 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