



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 PART-TIME 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.

**Part-Time Employment
Schedule of Availability**

Name: _____

*Please indicate the hours that you are available to work:
(i.e. Monday - 8:00am - 12:00pm; 2:00 - 6:00pm)*

Schedule effective from: _____ to _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____