

EMPLOYMENT APPLICATION

PLEASE PRINT

Name _____ Best Phone Number _____
Last, First, Middle Alternatate Phone Number _____

*Current Address _____

**If at the above address for less than three years, list the last three years of residence below*

Address _____

Address _____

Position applying for _____ Part Time _____ Full Time _____

If you are applying for a **Driver Position, you must also complete the Driver Application.*

Who referred you? _____ Expected Rate of Pay _____

Have you worked for this Company before? _____ Dates: From _____ To _____

Are you currently employed? _____ If not, how long since your last employment? _____

Are you authorized to work in the US? _____ Number of years lived in Hawaii: _____ Date you can start work: _____

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.

Person to contact in case of emergency: _____

Address _____ Phone _____

EDUCATION

Highest grade level completed _____ College _____

Last school attended _____
Name Address

Certifications and Skills _____

EMPLOYMENT HISTORY

Current Employer: _____ Phone _____

Address _____

Supervisor's Name _____ Date started: _____ Date left: _____

Position Held/Duties _____ / _____

Reason for Leaving: _____

Prior Employer: _____ Phone _____

Address _____

Supervisor's Name _____ Date started: _____ Date left: _____

Position Held/Duties _____ / _____

Reason for Leaving: _____

Employer Before Last: _____ Phone _____

Address _____

Supervisor's Name _____ Date started: _____ Date left: _____

Position Held/Duties _____ / _____

Reason for Leaving: _____

REFERENCES

(Do not list relatives)

Name	Address	Occupation	Phone	Acquainted
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Name	Address	Occupation	Phone	Acquainted
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This certifies that I have completed this application and that all statements made are true and complete to the best of my knowledge and acknowledge that any misrepresentation or omission is sufficient grounds for discharge. I also authorize any investigation of the above information for purposes of verification.

Date of Application

Signature of Applicant

PERSONNEL DEPARTMENT USE

Date of Interview: _____ Time of Interview: _____ Interviewed by: _____

Comments: _____
