



APPLICATION FOR EMPLOYMENT – HAWAII

PLEASE PRINT

670 Auahi St., St. I-03, Honolulu, HI 96813 Phone (808) 535-6613 Fax (808) 356-1510

DATE OF APPLICATION ____/____/____

REFERRAL SOURCE: (circle one) Newspaper Ad/ Walk-In /Internet/ Employment Agency/ Employee/ Job Fair/ Other

Name of Referral Source (list name of employee if referred by Hilo Hattie employee) _____

POSITION APPLYING FOR: _____

| | | |
|---------------------------|---------|--|
| NAME: (last) | (first) | (middle) |
| ADDRESS: | | |
| PHONE #: | | CELL/OTHER #: |
| SOCIAL SECURITY #: | | DATE AVAILABLE TO WORK: |
| SALARY DESIRED: \$ | | TYPE OF EMPLOYMENT DESIRED: Full-time/ Part-time/ Temp./ Seasonal |

AVAILABILITY: (PLEASE LIST TIME & DAYS AVAILABLE BELOW)

| HOURS | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | | |

If you are under 18 and it is required, can you furnish a work authorization? **YES** ____ **NO** ____

Are you legally eligible for employment in the USA? **YES** ____ **NO** ____

Have you been employed or known by another name? **YES** ____ **NO** ____ If so, what other name: _____

Have you ever been employed by Hilo Hattie before? **YES** ____ **NO** ____

If YES, give dates of employment, job title & location _____

(LIST ALL CURRENT & PAST EMPLOYMENT EXPERIENCE STARTING WITH MOST RECENT)

| | | | | | | | |
|---|--------------|------------|-------------------|----------------------------|--|--|--|
| EMPLOYER: | | | JOB TITLE: | | | | |
| Dates Employed | From: | To: | | | | | |
| Duties/Responsibilities: | | | | | | | |
| Immediate Supervisor Name/ Title/ Phone #: | | | | | | | |
| May we contact for Reference: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Reason for Leaving: | | | |
| EMPLOYER: | | | JOB TITLE: | | | | |
| Dates Employed | From: | To: | | | | | |
| Duties/Responsibilities: | | | | | | | |
| Immediate Supervisor Name/ Title/ Phone #: | | | | | | | |
| May we contact for Reference: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Reason for Leaving: | | | |
| EMPLOYER: | | | JOB TITLE: | | | | |
| Dates Employed | From: | To: | | | | | |
| Duties/Responsibilities: | | | | | | | |
| Immediate Supervisor Name/ Title/ Phone #: | | | | | | | |
| May we contact for Reference: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Reason for Leaving: | | | |

Comments (Including explanation of any gaps in employment) _____

(List special training, skills, languages, and licenses, certificates that may qualify you as being able to perform job-related functions of the position applying for.)

| EDUCATIONAL BACKGROUND | SKILLS/LANGUAGES & QUALIFICATIONS: |
|---------------------------------|---|
| HIGH SCHOOL: | |
| COLLEGE: | |
| HIGHEST GRADE COMPLETED: | |
| DIPLOMA/DEGREE: | |

REFERENCES (List name and phone numbers of three business/work references who are **not** related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.)

| NAME | ADDRESS | PHONE | YEARS KNOWN |
|-------------|----------------|--------------|--------------------|
| | | | |
| | | | |
| | | | |

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER. (Trade, business, or civic associations. U.S. military service, special accomplishments, publications, awards, etc.) (Exclude information that would reveal sex, race, religion, national origin, age, color, disability or other protected status)

EMERGENCY CONTACTS

| | |
|-----------------|-------------------------|
| Name: | Phone # (Day): |
| Address: | Phone # (Night): |
| | Relationship: |
| Name: | Phone # (Day): |
| Address: | Phone # (Night): |
| | Relationship: |

I understand that if I am employed, any misrepresentations or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

SIGNATURE OF APPLICANT _____ **DATE** ____/____/____