

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT EMPLOYER. WE DO NOT DISCRIMINATE AGAINST AN APPLICANT, WE FOLLOW THE FEDERAL AND STATE ANTI-DISCRIMINATION POLICIES. WE COMPLY WITH ALL STATE AND FEDERAL EMPLOYMENT LAWS.

## APPLICATION FOR EMPLOYMENT



### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_ DESIRED WAGE: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ CURRENT EMPLOYER (OPTIONAL): \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

### PREVIOUS EMPLOYMENT List last 3 employers you worked for

1) NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ REASONS FOR LEAVING: \_\_\_\_\_

2) NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ REASONS FOR LEAVING: \_\_\_\_\_

3) NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ REASONS FOR LEAVING: \_\_\_\_\_



## REFERENCES (Not relatives)

NAME	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EDUCATION

NAME OF SCHOOL

LOCATION

YEARS  
COMPLETEDDID YOU  
GRADUATE?

GRAMMAR SCHOOL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

OTHER (Trade School, etc.) \_\_\_\_\_

## PERFORMANCE ABILITY

Are you able to perform the essential functions of the job you are applying for as established on the job description for the position, with or without reasonable accommodation? Yes \_\_\_\_ No \_\_\_\_

REASONABLE ACCOMMODATION IS A LOGICAL ADJUSTMENT MADE TO A JOB AND/OR THE WORK ENVIRONMENT THAT ENABLES A QUALIFIED HANDICAPPED PERSON TO PERFORM THE DUTIES OF THE POSITION WITHOUT CAUSING UNDUE HARDSHIP ON THE EMPLOYER. AN EXAMPLE IS TO RAISE A DESK WITH WOODEN BLOCKS TO ACCOMMODATE A WHEEL CHAIR, OR MOVING SOME FURNITURE TO ACCOMMODATE ACCESS AND MOVEMENT.

## MILITARY SERVICE

BRANCH OF SERVICE SERVED: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ YEARS SEPARATED: \_\_\_\_\_

RESERVE STATUS: \_\_\_\_\_ DRAFT STATUS: \_\_\_\_\_ SERIAL OR SERVICE NUMBER: \_\_\_\_\_

## OTHER

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_ POSITION: \_\_\_\_\_

DO YOU KNOW ANYONE PRESENTLY WORKING FOR THIS COMPANY? \_\_\_\_\_ IS SO, WHO? \_\_\_\_\_

ARE YOU BILINGUAL? \_\_\_\_\_ IF SO, WHAT LANGUAGES? \_\_\_\_\_

WHY DO YOU WANT TO WORK FOR STUSSY? \_\_\_\_\_

## CRIMINAL HISTORY

ANY CONDITIONAL OFFER OF EMPLOYMENT MAY RESULT IN AN INQUIRY INTO THE APPLICANT'S CRIMINAL CONVICTION RECORDS. SUCH OFFER OF EMPLOYMENT MAY BE WITHDRAWN IF THE APPLICANT HAS A CONVICTION RECORD THAT BEARS A RATIONAL RELATIONSHIP TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSIONS OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I HEREBY AUTHORIZE THE FIRM TO OBTAIN INFORMATION FROM OTHER SOURCES IT DEEMS RELIABLE, INCLUDING REPORTS ON MY PERSONAL CREDIT HISTORY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



### HOURS AVAILABLE TO WORK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

HOURS PER WEEK DESIRED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_



## APPLICANT REFERENCE CHECK

I authorize Island Snow Hawaii to verify all employment information that I have stated on my application.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S NAME PRINTED \_\_\_\_\_

To whom it may concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate below. This information will remain confidential. Thank you.

APPLICANT'S NAME: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### TO BE COMPLETED BY PREVIOUS EMPLOYER

DATE OF EMPLOYMENT: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

The information I have given is accurate to the best of my knowledge.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_