



## HAWAII H.I.S. CORPORATION APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

*Applicants and employees are considered for employment opportunities without regard to their membership in any legally protected class, except where the law permits or requires us to do so. All decisions relating to your employment will be made without regard to any legally protected status. Only those persons legally authorized to work in the United States will be employed.*

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PERSONAL INFORMATION

Legal name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
(All offers of employment are subject to verification of the applicant's identity and employment authorization status within 72 hours.)

Are you at least 18 years old?  Yes  No  
If you answered "No", can you furnish a valid Certificate of Employment (ages 14 to 16) or a Certificate of Age (ages 16 to 18) issued by the Dept. of Labor & Industrial Relations if conditionally hired?  Yes  No

### POSITION INFORMATION

Position(s) applying for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Employment status desired:  Full Time  Part Time  Temporary

What hours are you available to work? \_\_\_\_\_

If hired, when could you start? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

If HIS Hawaii employee referred this position to you, please provide his/her name.

\_\_\_\_\_





**EDUCATION**

Type of School	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College/ University					
Graduate School					
Other					

Special courses, training or experience acquired, including military experience:

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**SKILLS**

<b>Clerical/ Office skills</b>		
<b>Computer skills</b>	Name of software:	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> WPM
<b>Languages</b>		
<b>Other special knowledge or skills</b>		

Please describe any other experiences, abilities or skills that might be helpful in considering your application: \_\_\_\_\_

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**CERTIFICATION & AUTHORIZATION**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please send all application forms to: [jobs@his-hawaii.com](mailto:jobs@his-hawaii.com)



**EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION**

**ATTENTION!**  
**PLEASE READ CAREFULLY BEFORE YOU SIGN!**

I, \_\_\_\_\_, Social Security Number, \_\_\_\_\_  
Consent to and authorizes **Hawaii H.I.S. Corporation, DBA H.I.S. Hawaii,**  
(The ‘Company’) to make a full complete investigation of my personal and  
Employment history and full former employees, companies, schools, governmental  
agencies or other entities to providing the Company with any information of any sort  
which included security and criminal back ground check. (It is including fact or opinion)  
They may have regarding about my self. In consideration of the Company’s consideration  
of my application for employment, I release the company and all providers of any  
information from any liability, claim or damages, whether negligent or not, in contract,  
tour, or under statutory authority, as a result of furnishing and receiving such as information. I  
understand that pursuant to Job Reference Liability Act, S.B. No. 3088  
amending Chapter 663 of the Hawaii Revised Statute.

I further consent to and authorized the Company to disclose any information  
(including fact or opinion) regarding my employment with the Company,  
my performance, my relationship with others or any other matter regarding my  
employment and separation from employment, including the reasons for my departure,  
I specifically waive any claim for damages of any kind, included but not limited to  
interference with contract, invasion of privacy, defamation, or negligence of any kind in  
the communication of such information to other employees of potential employees, or  
person representing themselves to be employees potential employers.

I further agree to hold harmless and release company its employees from liability under  
Any and all possible causes of legal action for any statements, acts or omissions in the  
course of their investigation in verifying my employment background.

A reproduction of this Authorization shall be, for all intents and purposes, as valid as the  
original.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date