



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", if conditionally hired 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? 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 you, please provide his/her name.

EMPLOYMENT HISTORY *(Most recent first)*

1. Job Title:		Duties:
Employer:		
Dates of Employment (month/ year) From: To:		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Employer's Address:		
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:
Reason for Leaving:		
2. Job Title:		Duties:
Employer:		
Dates of Employment (month/ year) From: To:		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Employer's Address:		
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:
Reason for Leaving:		
3. Job Title:		Duties:
Employer:		
Dates of Employment (month/ year) From: To:		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Employer's Address:		
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:
Reason for Leaving:		
4. Job Title:		Duties:
Employer:		
Dates of Employment (month/ year) From: To:		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Employer's Address:		
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:
Reason for Leaving:		

EMPLOYMENT HISTORY *(continued)*

5. Job Title:		Duties:
Employer:		
Dates of Employment (month/ year) From: To:		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Employer's Address:		
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:
Reason for Leaving:		
6. Job Title:		Duties:
Employer:		
Dates of Employment (month/ year) From: To:		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Employer's Address:		
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:
Reason for Leaving:		
7. Job Title:		Duties:
Employer:		
Dates of Employment (month/ year) From: To:		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Employer's Address:		
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:
Reason for Leaving:		

Have you ever been terminated or asked to resign? If yes, explain the circumstances:
 Yes No

Name of the Company

Reason

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:

SKILLS

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

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

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: hnl-jobs@his-world.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