

Hawaii HIS Corporation

Date	
Job/Position you are applying for (must be filled in)	
Are you able to perform the essential functions of this position with or without reasonable accommodation?	☐ Yes ☐ No

Application for Employment

Equal Opportunity Employer: The Company is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, reproductive health decision, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

GENERAL INFORMATION:

Name	Email Address	
Address	Telephone No. (Cell or Residence)	
City	State	Zip Code

Are you legally eligible for employment in the United States? (All offers of employment are subject to verification of the applicant's identity and employment authorization status within 72 hours of hire)	☐ Yes ☐ No	
Are you at least 18 years old (or, if not, can you furnish a valid certificate of employment if ages 14 or 15, or a valid certificate of age if ages 16 or 17, issued by the HI Department of Labor and Industrial Relations)?	☐ Yes ☐ No	

EMPLOYMENT HISTORY: STARTING WITH PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.*

Company Name	Phone	From (mm/yy)	Position
		To (mm/yy)	
No. & Street		Supervisor's Name	Duties
City & State	Zip	Reason for Leaving	
Company Name	Phone	From (mm/yy)	Position
		To (mm/yy)	
No. & Street		Supervisor's Name	Duties
City & State	Zip	Reason for Leaving	
Company Name	Phone	From (mm/yy)	Position
		To (mm/yy)	
No. & Street		Supervisor's Name	Duties
City & State	Zip	Reason for Leaving	

Company Name	Phone	From (mm/yy)	Position
		To (mm/yy)	
No. & Street		Supervisor's Name	Duties
City & State	Zip	Reason for Leaving	

MISCELLANEOUS:

May we contact your current employer(s)?	☐ Yes	☐ No
Do you know anyone presently working for our company? _____ If so, who? _____		

REFERENCES: *(Not relatives)*

Name	Occupation
Email Address	Telephone No.
Name	Occupation
Email Address	Telephone No.

EDUCATION:

Education	Name of School	Address	No. of Yrs. Attended	Degree Earned
High School				
College				
Other (graduate school, trade school, etc.)				

NOTE:

It is the policy of this Company to hire only U. S. citizens and aliens who are authorized to work in this country. <i>(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.)</i>

ACKNOWLEDGMENT AND CERTIFICATION:

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, whenever discovered, may subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of any information, whether fact or opinion, including, but not limited to, any of my former employers, educational institutions attended, and personal references, from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.
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After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I agree to provide the Company with any authorization or release which may be required for a pre-employment medical examination or drug test.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by me and the President.

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

Applicant Signature

Application Date