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FOR OFFICIAL USE ONLY

Date Received:

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME:

LAST

FIRST

MIDDLE

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OLDER?

YES

NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES

NO

EMPLOYMENT DESIRED

POSITION:

DATE YOU
CAN START:

SALARY
DESIRED:

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHEN?

WHERE?

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	SUBJECT STUDIED	NO. OF YEARS ATTENDED	DID YOU GRADUATE?
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES (CIVIC, ATHLETIC, ETC.):

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY
OR

PRESENT MEMBERSHIP IN

NAVAL
SERVICES

RANK

NATIONAL GUARD OR SERVICES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHICH OF THESE JOB DID YOU LIKE BEST?

WHAT DID YOU LIKE ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF AT LEAST 3 PERSONS (NOT RELATED TO YOU), WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS / OCCUPATION	YEARS ACQUAINTED
1			
2			
3			

TIME AVAILABILITY:

MONDAY TO FRIDAY FROM: _____ AM / PM TO _____ AM / PM

SATURDAY & SUNDAY FROM: _____ AM / PM TO _____ AM / PM

IN CASE OF EMERGENCY NOTIFY:

NAME

RELATIONSHIP

PHONE NO.

I certify that all information provided on this application is true and complete, and I understand that if any false information, omissions or misinterpretations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's Rules and Regulations, and I agree that my employment and compensation can be terminated, with or without a cause, and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without a cause, and with or without any notice, any time by the company. No company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or may take any agreement contrary to the foregoing.

DATE: _____

SIGNATURE OF APPLICANT: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

HIRED: YES

NO

POSITION:

DEPT:

SALARY / WAGE

DATE REPORTING TO WORK:

APPROVED:

_____ ADMIN DIV. MANAGER

_____ OPER. DIV. MANAGER

_____ VICE PRESIDENT