



Today's Date:

## EMPLOYMENT APPLICATION

Hukilau Lanai is an Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name <input type="text"/>		First Name <input type="text"/>		Middle Initial <input type="text"/>	Social Security Number <input type="text"/>	
Street Address <input type="text"/>		City/State <input type="text"/>		Zip Code <input type="text"/>	Phone Number <input type="text"/>	
If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/>			Email Address <input type="text"/>			
Position Desired: <input type="text"/>		Wage/Salary Desired: <input type="text"/>		<input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time?		
Date you can begin work? <input type="text"/>		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18 years of age, you will be required to submit a work permit/work certificate as required by state or federal law.		
Name of high school attended: <input type="text"/>		City & State <input type="text"/>		<input type="checkbox"/> Graduate?	<input type="checkbox"/> GED?	
Name of college or technical school: <input type="text"/>		City & State: <input type="text"/>		<input type="checkbox"/> Graduate'	Degree? <input type="text"/>	Major: <input type="text"/>
Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, give name & address of school and expected degree date: <input type="text"/>			
List any job-related skills or accomplishments, including military service: <input type="text"/>						

- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total hours per week you are available to work:			Total number of days you are available to work:			Do you have any special requests or needs for a work schedule?	
<input type="text"/>			<input type="text"/>			<input type="text"/>	

- Give Three References That Are Not Former Employers Who We May Contact -		
Name & Occupation	How do you know them, and for how long?	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Your Employment History

List the names of employers with present or last employer listed first.

Please note if we may not contact your present employer until after you are offered a position.

Name of Employer: <input type="text"/>	Job Title: <input type="text"/>
	Duties: <input type="text"/>
Address: <input type="text"/>	Dates of Employment: From: <input type="text"/>
	To: <input type="text"/>
City, State, Zip Code <input type="text"/>	Hourly pay or salary: Starting pay: <input type="text"/>

	Ending pay: <input type="text"/>
Supervisor: <input type="text"/> Telephone: <input type="text"/>	Reason for Leaving: <input type="text"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer: <input type="text"/>	Job Title: <input type="text"/> Duties: <input type="text"/>
Address: <input type="text"/>	Dates of Employment: From: <input type="text"/> To: <input type="text"/>
City, State, Zip Code <input type="text"/>	Hourly pay or salary: Starting pay: <input type="text"/> Ending pay: <input type="text"/>
Supervisor: <input type="text"/> Telephone: <input type="text"/>	Reason for Leaving: <input type="text"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer: <input type="text"/>	Job Title: <input type="text"/> Duties: <input type="text"/>
Address: <input type="text"/>	Dates of Employment: From: <input type="text"/> To: <input type="text"/>
City, State, Zip Code <input type="text"/>	Hourly pay or salary: Starting pay: <input type="text"/> Ending pay: <input type="text"/>
Supervisor: <input type="text"/> Telephone: <input type="text"/>	Reason for Leaving: <input type="text"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I have read, understood and agree to the above statements.

Signature:

Date:

### **EMPLOYMENT QUESTIONNAIRE**

Tell us about yourself!

1. Please describe either your favorite or least favorite job.

2. Describe a positive workplace experience you've had.

3. Tell us about a negative workplace experience you've had.

4. Is there anything you'd like us to know about you?

5. What is a quality you would look for if you were hiring someone for the position you seek?

6. We conduct business using a landline. Are you able to receive and retrieve voicemail if we'd like to call you for an interview?

Here's how the rest works:

Leave your Application and Questionnaire along with your Resume attached with our host staff between the hours of 3-5pm.

When we're interviewing for the position you seek, we'll review your application. Mahalo for thinking of us in your job search!