



Application for Employment

APPLICANT INFORMATION

If you need assistance during the application or hiring process to accommodate a disability, you may request a reasonable accommodation by contacting our career center support team at the number listed above.

| | | |
|------------------|-------|-------------|
| NAME | | CELL PHONE |
| ADDRESS | | OTHER PHONE |
| CITY, STATE, ZIP | EMAIL | |

EMPLOYMENT HISTORY

Starting with your most recent, please list your previous employers. Include self-employment, military service, summer and part-time jobs.

| | | |
|--------------------|-------------------|------------|
| COMPANY NAME | | START DATE |
| LOCATION | | END DATE |
| PHONE NUMBER | SUPERVISOR'S NAME | |
| POSITION & DUTIES | | |
| REASON FOR LEAVING | | |

| | | |
|--------------------|-------------------|------------|
| COMPANY NAME | | START DATE |
| LOCATION | | END DATE |
| PHONE NUMBER | SUPERVISOR'S NAME | |
| POSITION & DUTIES | | |
| REASON FOR LEAVING | | |

AVAILABILITY

I am looking for FULL TIME ☐ PART TIME ☐

Please let us know the days and times that you are available below.

| <u>SUNDAY</u> | <u>MONDAY</u> | <u>TUESDAY</u> | <u>WEDNESDAY</u> | <u>THURSDAY</u> | <u>FRIDAY</u> | <u>SATURDAY</u> |
|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| FROM - TO | FROM - TO | FROM - TO | FROM - TO | FROM - TO | FROM - TO | FROM - TO |

What are your hourly pay expectations? _____

REFERENCES

Please list two references whom we can contact. Please do not list relatives.

| | |
|------------------------------|--------------|
| NAME | PHONE NUMBER |
| HOW DO YOU KNOW THIS PERSON? | |

| | |
|------------------------------|--------------|
| NAME | PHONE NUMBER |
| HOW DO YOU KNOW THIS PERSON? | |

REFERRAL

Did anyone refer you, or do you know anyone presently working at our company?

| |
|------|
| NAME |
|------|

EDUCATION

Please circle the highest level of school completed.

| | | | |
|------------|-------------------------|-------------|---------|
| Elementary | Jr. High / Intermediate | High School | College |
|------------|-------------------------|-------------|---------|

If applicable, list the name of any trade schools you attended.

| | |
|-------------|----------|
| SCHOOL NAME | LOCATION |
|-------------|----------|

MEDICAL INFORMATION

After an offer of employment is made, but before employment duties begin, and at any time during the course of employment applications may be required to undergo a medical examination (or drug test) at the Work Now Hawaii’s expense and by a company-chosen physician. I authorize the physician conducting the examination and laboratory testing any specimens obtained by the physician to disclose the results of the examination and the laboratory tests to the Work Now Hawaii.

AUTHORIZATION TO WORK IN THE UNITED STATES

It is the policy of Work Now Hawaii to hire only U.S. citizens and aliens who are authorized to work in this country. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and complete the U.S. Immigration and Naturalization Service’s Form I-9.

LEGAL NOTICES

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand my application will not be considered if it is incompletd. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to discharge. I authorize Work Now Hawaii to investigate my work history, education, character, reputation, and background as it deems necessary for purpose of considering my application for employment.

I hereby give permission to Work Now Hawaii, Inc to contact any reference I furnish and for all those contacted to release whatever information that is pertinent to my application for employment. I understand any information released is strictly confidential between the reference and Work Now Hawaii and will not be furnished to anyone else including me. I release all contacted from claims of liability as a result of furnishing information about me or my employment.

This application is not a contract 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 Work Now Hawaii, with or without cause or reason and with or without notice.

| | |
|------------|------|
| PRINT NAME | |
| SIGNATURE | DATE |