



EMPLOYMENT APPLICATION

Date: _____

Position applying for: _____

Location applying to NU'UANU BAYSIDE PALI

GENERAL INFORMATION

Name:	Email:		
Phone #:	Mobile #:		
Address:	City:	State:	Zip Code:

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, or attach a resume in place of filling out employment history.

Company Name:	Phone #:		
Address:	City:	State:	Zip Code:
Dates Employed:	Supervisor's Name:		
Position & Duties:			
Reasons for Leaving:			
Company Name:	Phone #:		
Address:	City:	State:	Zip Code:
Dates Employed:	Supervisor's Name:		
Position & Duties:			
Reasons for Leaving:			
Company Name:	Phone #:		
Address:	City:	State:	Zip Code:
Dates Employed:	Supervisor's Name:		
Position & Duties:			
Reasons for Leaving:			
Company Name:	Phone #:		
Address:	City:	State:	Zip Code:
Dates Employed:	Supervisor's Name:		
Position & Duties:			
Reasons for Leaving:			
Company Name:	Phone #:		
Address:	City:	State:	Zip Code:
Dates Employed:	Supervisor's Name:		
Position & Duties:			
Reasons for Leaving:			

Apply online at www.halekuike.com or send completed applications to (fax) 808-525-6776 or imelda@halekuike.com

Nu'uuanu 595-6770 | Bayside 235-6770 | Pali 525-6770

PROFESSIONAL REFERENCES (Not relatives)

Name:	Occupation/Title:
Phone #:	Email address:
Name:	Occupation/Title:
Phone #:	Email address:
Name:	Occupation/Title:
Phone #:	Email address:

EDUCATION

Program or Degree	Name & Address of School	Degree or License Received

MEDICAL INFORMATION

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination 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 examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Applicant's Initials: _____

Is there anything that would prevent you from performing in a safe manner the activities involved in the position for which you are seeking employment? _____

Applicant's Initials: _____

OTHER

Do you know anyone presently working for our company? YES NO If so, who? _____

NOTES

It is the policy of Hale Kū'ike to hire only US 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 to complete the US Immigration and Naturalization Service's Form I-9.

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, when discovered, will subject me to discharge and I hereby authorize any Investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or Hale Kū'ike, with or without cause or reason and with or without notice.

Signature: _____

Date: _____