



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with PUKALANI SUPERETTE. You must properly complete all portions of this employment application to be considered. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, including gender identity and expression, religion, color, national origin, ancestry, marital status, disability, sexual orientation, credit history, genetic history, arrest and court record, domestic or sexual abuse victim status, military service or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three (3) month period after submission to PUKALANI SUPERETTE and only for the desired position. Consideration for employment after the three (3) month period requires completion and submission of a new application. Use additional paper if necessary, to fully answer any question.

PERSONAL INFORMATION

NAME (LAST, FIRST, M.I.)			
HAVE YOU USED ANY OTHER NAMES? IF SO, PLEASE PRINT (for background and criminal conviction check)			
PRESENT ADDRESS		CITY	STATE ZIP
PHONE	CELL	EMAIL	
CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
(NOTE: IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO SUBMIT DOCUMENTATION REQUIRED BY IRCA)			
UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.			

DESIRED EMPLOYMENT

DESIRED POSITION *	DATE YOU CAN START	DESIRED COMPENSATION
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT PUKALANI SUPERETTE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION APPLIED FOR	DATE APPLIED
HAVE YOU EVER WORKED FOR PUKALANI SUPERETTE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	DATE WORKED
WHO REFERRED YOU TO PUKALANI SUPERETTE?		
<input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> FRIEND <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WEBSITE <input type="checkbox"/> ONLINE AD <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER _____		
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES?		<input type="checkbox"/> YES <input type="checkbox"/> NO

*IF HIRED, YOU WILL BE REQUIRED TO PERFORM WORK AS REQUIRED BY PUKALANI SUPERETTE

PUKALANI SUPERETTE IS OPEN 7 DAYS A WEEK. IF YOU ARE APPLYING FOR A POSITION, YOU MUST BE ABLE TO WORK ON SATURDAY AND SUNDAY. WORKING VARIOUS SHIFTS MAY ALSO BE REQUIRED.

IF YOU ARE UNABLE TO WORK SATURDAY OR SUNDAY, PLEASE NOTE WHAT DAYS AND TIMES YOU ARE AVAILABLE TO WORK:

SUNDAY: _____	TIME: _____
MONDAY: _____	TIME: _____
TUESDAY: _____	TIME: _____
WEDNESDAY: _____	TIME: _____
THURSDAY: _____	TIME: _____
FRIDAY: _____	TIME: _____
SATURDAY: _____	TIME: _____

EDUCATION

SCHOOL LEVEL	NAME OF SCHOOL	DID YOU GRADUATE? IF YES, YEAR?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

EMPLOYMENT HISTORY

Please account for the last ten (10) years of employment by answering all questions for each employer.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	DATE LAST WORKED	JOB TITLE(S)		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN		

EMPLOYMENT HISTORY (CONTINUED)

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	DATE LAST WORKED	JOB TITLE(S)	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	DATE LAST WORKED	JOB TITLE(S)	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	DATE LAST WORKED	JOB TITLE(S)	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN	

EMPLOYMENT GAPS

Explain any periods that you were not working during the past ten (10) years, other than due to personal illness, injury or disability.

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REFERENCES

List name and telephone number of three (3) business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three (3) personal references who are NOT related to you.

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

JOB SKILLS AND QUALIFICATIONS

Summarize any special training, skills, license and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

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RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.

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CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. **I understand that my employment with PUKALANI SUPERETTE is at-will and can be terminated at any time and for any reason with or without advance notice by myself or PUKALANI SUPERETTE.**
- C. I understand and agree that only the hiring manager of PUKALANI SUPERETTE has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the hiring manager, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that PUKALANI SUPERETTE may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide PUKALANI SUPERETTE with any information (including fact or opinion) they may have regarding me. In consideration of PUKALANI SUPERETTE's review of this application, I release PUKALANI SUPERETTE and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by PUKALANI SUPERETTE. If employed by PUKALANI SUPERETTE, I further authorize PUKALANI SUPERETTE to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against PUKALANI SUPERETTE for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with PUKALANI SUPERETTE, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to PUKALANI SUPERETTE in accordance with state and/or federal laws. PUKALANI SUPERETTE will keep such results confidential and disclose the results only to persons who need to know or where required by law. I also agree to fully cooperate and provide PUKALANI SUPERETTE with any additional consent(s) and/or release(s) as required by PUKALANI SUPERETTE to investigate my employment application.
- F. I understand and agree that if offered employment by PUKALANI SUPERETTE, I may be required to disclose criminal conviction information in accordance with the law, and that any such employment offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by PUKALANI SUPERETTE.
- G. I understand and agree that if offered employment by PUKALANI SUPERETTE, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by PUKALANI SUPERETTE.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform PUKALANI SUPERETTE of any agreements that would limit my ability to work for PUKALANI SUPERETTE.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with PUKALANI SUPERETTE if I am employed by PUKALANI SUPERETTE.

Authorization / Signature of Applicant: _____

Date: _____

Print Name: _____