HO'OLA LAHUI HAWAI'I HO'OLA LA	HUI HAWAI'I APPLICATION FOR EMPLOYMENT					
	DATE OF APPLICATION:					
Y ) Z Ś	POSITION APPLYING FOR:					
EMAIL:	START DATE:					
NAME: (Last, First, Middle)	TELEPHONE					
ADDRESS:						
ARE YOU LEGALLY AUTHORIZED TO WORK IN	THE UNITED STATES?					
ARE TIY AT LEAST 18 YEARS OF AGE?	ARE TIY AT LEAST 18 YEARS OF AGE? ARE YOU EMPLOYED NOW?					
PLACE OF EMPLOYMENT:						
IF EMPLOYED, MAY WE INQUIRE WITH YOUR P	RESENT EMPLOYER? EMPLOYER PHONE NUI	MBER:				
ARE YOU AVAILABLE TO WORK IN THE EVE	O WORK IN THE EVENINGS?					
	tions of the position(s) for which you are applying, ation? (Refer to Job Description(s) before responding)					
EMPLOYMENT EXPERIENCE (Please li	st (4) most recent employers)					
EMPLOYER:	Employed From:	То:				
Address:						
Job Title:	Supervisor:					
Work Performed:						
Reason for leaving:						
EMPLOYER:	Employed From:	То:				
Address:						
Job Title:	Supervisor:					
Work Performed:						
Reason for leaving:						
EMPLOYER:	Employed From:	То:				
Address:						
Job Title:	Supervisor:					
Work Performed:						
Reason for leaving:						

EMPLOYER:	Employed From:	То:
Address:		
Job Title:	Supervisor:	
Work Performed:		
Reason for leaving:		

## EDUCATION

Name of School	Location	Years Completed	Did you Graduate?	Degree(s)

## OTHER

Date:

Do you know anyone presently working for this company? If so, Who?

## **CERTIFICATION (READ CAREFULLY BEFORE SIGNING)**

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of material fact is sufficient ground for cancellation of this application or, if I am employed by HO'OLA LAHUI HAWAI'I for immediate discharge from employment.

Except as may be noted above, I authorize HO'OLA LAHUI HAWAI'I to contact and obtain information from all references, employers and educational institutions listed, and to investigate any of the above information for purposes of verification. I also authorize HO'OLA LAHUI HAWAI'I, if I receive a conditional offer of employment, to conduct an inquiry into my criminal conviction record for past ten years (excluding periods of incarceration), including state and federal checks, to the extent permitted by law. I understand that the purpose of such inquiry is to determine whether I have a conviction record within the past ten years that bears a rational relationship to the duties and responsibilities of the position which I may be offered. Upon request, I will sign all necessary consent forms to facilitate the inquiry into my criminal conviction record.

I hereby agree to hold HO"OLA LAHUI HAWAI'I and its representatives harmless and release them from liability of any kind for any statements, acts of omissions in the course and/or as a result of its investigations in connection with this application. I also understand that if employed, I will be employed on an at-will basis and that my employment may be terminated at any time, either by me or HO'OLA LAHUI HAWAI'I, with or without cause.

Ho'ola Lahui Hawai'i is an equal opportunity employer, Employees of Ho'ola Lahui Hawai'i and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, age, religion, veteran's status, citizenship, national origin, ancestry, disability, se, sexual orientation, arrest or court record, marital status, genetic information, gender identity or expressions, domestic or sexual violence victim status, or any other classification protected under state or federal law.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature of Applicant