

Application for Employment

Hawaiian Graphics
1923 South Beretania Street
Honolulu, HI 96826
email: hgc@hawaiiantel.biz
Phone: (808) 973-7171 • Fax: (808) 973-5681

Date:	Job/Position you are applying for (must be filled in):	Desired Wage/Salary: \$
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Thank you for your interest in Hawaiian Graphics. You must properly complete **ALL** portions of this employment application to be considered for employment at Hawaiian Graphics. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. This Company is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, or other protected categories in accordance with state and federal laws. This employment application is valid for a six-month period after submission to Hawaiian Graphics and only for the position applied.

Please print. All applicants must complete sections 1, 2, 3, 4, 5, 6 and other applicable sections. If additional space is required, attach a separate sheet.

1. PERSONAL INFORMATION

A.

NAME (LAST)	(FIRST)	(MIDDLE INTIAL)
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B.

ADDRESS	(STREET)	TELEPHONE NO.
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C.

(CITY)	(STATE)	(ZIP)	ALTERNATE TELEPHONE NO.
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D. _____
(EMAIL ADDRESS)

E. Social Security Number _____ / _____ / _____

F. Are you a U.S. Citizen or are you legally authorized to work in the U.S?
[Note: If offered employment, you will be required to submit documentation as required by the 1968 Immigration Reform and Control Act.]
☐ Yes ☐ No

G. How were you referred to the Hawaiian Graphics? _____

H. Do you have friends or relatives working at Hawaiian Graphics? If yes, who? _____

I. Have you previously applied for a job with this Company? If yes, where and when? _____
☐ Yes ☐ No

J. Apart from absences for religious observances, will you be available to work all other times?
☐ Yes ☐ No

2. EDUCATION / TRAINING

SCHOOL	NAME	ADDRESS	DID YOU GRADUATE	MAJOR FIELD	DEGREE
High School					
College					
Graduate School					
Business or Trade School					
Adult Education Special Training					
List any professional designations					

3. EMPLOYMENT RECORD (List most recent employer first. Please list all employers for at least the past 10 years and account for any periods that you were NOT working. Failure to disclose all information and/or falsification will invalidate this employment application and lead to termination of employment. If additional space is required, attach a separate sheet.)

Employer		Dates of Service M/YR to M/YR		Work Performed
Address		From:	To:	
Telephone Number(s)				
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates of Service M/YR to M/YR		Work Performed
Address		From:	To:	
Telephone Number(s)				
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Address		From:	To:	
Telephone Number(s)				
Job Title	Supervisor			
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Employer		Dates of Service M/YR to M/YR		Work Performed
Address		From:	To:	
Telephone Number(s)				
Job Title	Supervisor			
Reason For Leaving				

May we contact your present employer? ☐ Yes ☐ No

SPECIAL SKILLS AND QUALIFICATIONS/EMPLOYMENT GAPS

Summarize special job-related skills and qualifications acquired from employment, other special training or experience, and any professional memberships. Also, explain any periods that you were not working.

4. REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

5 SPECIALIZED SKILLS

Make “√” knowledge	Make “X” for knowledge plus actual experience	Fill blanks with specific details
<input type="checkbox"/> Calculating Machine 10-key touch ability <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Product Demonstration	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Merchandising/Display	<input type="checkbox"/> Desktop Publishing _____
<input type="checkbox"/> Cashiering	<input type="checkbox"/> Telephone Sales	<input type="checkbox"/> Computer _____

OTHER

6. AVAILABILITY

A. Are you currently on “lay-off” status and subject to recall?
☐ Yes ☐ No

B. Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

C. If hired; on what date can you begin work? _____

D. List any days of the week or business hours that you are not available to work for any reason: _____

7. CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed by Hawaiian Graphics, I agree to conform to the guidelines and policies of Hawaiian Graphics, and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON.**
- C. I understand and agree that only the General Manager of Hawaiian Graphics 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 and such an agreement must be in writing and signed by the General Manager.
- D. I consent to and authorize Hawaiian Graphics to 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 Hawaiian Graphics with any information of any sort (including fact or opinion) they may have regarding me. In consideration of Hawaiian Graphics’ review of this application, I release Hawaiian Graphics and all providers of any information from any liability as a result of furnishing and receiving this information.
- E. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Hawaiian Graphics if employed by Hawaiian Graphics.

Authorization/Signature of Applicant: _____ Date_____

8. FOR HAWAIIAN GRAPHICS USE ONLY – Do not complete below this line.

Position Applied For:	Position Interviewed For(1):	Date:	Position Interviewed For(2):	Date:
Position Offered:	Department:	Hourly Rate of Pay: \$	Start Date:	