Application For Employment

SECURITY ARMORED CAR AND
COURIER SERVICE OF HAWAII
P.O. BOX 2073 / HONOLULU, HAWAII 96805

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did you Learn About Us:

☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other_____

Last Name	First Name	Middle Name	Date of Birth

Address *Number*	*Street*	*City*	*State*	*Zip Code*

Telephone Number(s)	Email Address	Social Security Number

Best time to contact you at home? . . . . . ____:_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? . . . . . ☐ Yes ☐ No

Have you ever filed an application with us before? . . . . . ☐ Yes ☐ No
If Yes, give date _____

Have you ever been employed with us before? . . . . . ☐ Yes ☐ No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? . . . . . ☐ Yes ☐ No

Are you currently employed? . . . . . ☐ Yes ☐ No

May we contact your present employer? . . . . . ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Are you a U.S. citizen? ***If no, proof of citizenship or immigration status is required.*** ☐ Yes ☐ No

Naturalization Certificate No. or Alien Registration No. ***(if applicable)*** : _____

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work:
☐ Full-Time (please indicate 1 2 3 shift)
☐ Part-Time (please indicate Mornings Afternoon Evenings)
☐ Temporary (please indicate dates available ___/___/___ - ___/___/___)

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

Can you travel if a job requires it? . . . . . ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		**Dates Employed**		**Work Performed**
			From	**To**	
	Address				
	Telephone Number:	Human Resource Number:	**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		**Dates Employed**		**Work Performed**
			From	**To**	
	Address				
	Telephone Number:	Human Resource Number:	**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		**Dates Employed**		**Work Performed**
			From	**To**	
	Address				
	Telephone Number:	Human Resource Number:	**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		**Dates Employed**		**Work Performed**
			From	**To**	
	Address				
	Telephone Number:	Human Resource Number:	**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

SPECIALIZED SKILLS (CHECK SKILLS / EQUIPMENT OPERATED)

		List
__ Terminal	__ Microsoft EXCEL	_____
__ Shorthand	__ Microsoft WORD	_____
__ Typewriter	__ Other Softwares	_____
WPM ____	WPM ____	_____

State any additional information you feel may be helpful to us in considering your application.

_____

_____

_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

REFERENCES

1. ( )	
(Name) Phone #	(Relationship) How do you know them?
(Address, City, State Zipcode)	(Phone No.)
2. ( )	
(Name) Phone #	(Relationship) How do vou know them?
(Address, City, State Zipcode)	(Phone No.)
3. ( )	
(Name) Phone #	(Relationship) How do you know them?
(Address, City, State Zipcode)	(Phone No.)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer:

Signature of Applicant _____ Date _____

In Case Of Emergency - Contact: _____ Relationship: _____

Address: _____ Phone No.: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

_____ INTERVIEWER _____ DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal law.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

☐ Full ☐ Part ☐ Shift ☐ Temporar

Position(s) Considered For: _____

_____

MANAGERS USE ONLY

Offer Date: _____

Start Date: _____

Employment Packet Date: _____

Personnel Action Form to HR: _____

Employer Notes: _____

NAME: _____ POSITION: _____ DATE: __/__/__