

APPLICATION FOR EMPLOYMENT



INSTRUCTIONS: Thank you for your interest in employment with _____ (IFSH). Please complete all portions of this employment application to be considered for employment at IFSH. 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, 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. This employment application is valid for a three-month period after submission to COMPANY and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any questions.

I. PERSONAL INFORMATION: Upon hire, you will be required to present proof of age, authorization to work and your social security number.

Name:	Last	First	MI	Have you ever used other names? If so, please print (For background and criminal conviction check):
Present Address:	Apt. No:		City:	State: Zip:
Telephone Number:	Mobile Number:		Email Address:	
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.]				

II. EMPLOYMENT INTEREST

Position of Interest*:	Date You Can Start:	Apart from religious observances, will you be able to work all other times?
Have you ever applied for employment at IFSH before?	Where?	When?
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for IFSH before?	Where?	When?
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Who referred you to IFSH?		
<input type="checkbox"/> Relative _____	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> College Placement Service	<input type="checkbox"/> Walk In <input type="checkbox"/> Other _____
<i>*If hired, you will be required to perform work as required by IFSH.</i>		

III. EDUCATION

School Level	Name and Location of School	Did you graduate?	Degree/certification received; subjects studied
High School			
College			
Other			

IV. FORMER EMPLOYERS: Please account for the past five years of employment by answering all questions for each employer.

	Present Employer	Previous Employer	Previous Employer
Company Name:			
Company Phone Number:			
Company Address:			
Start Date & Date Last Worked:			
May we contact your supervisor? If not, why?			
Supervisor Name, Title, Phone Number & Email:			
Summarize job responsibilities:			
Reason(s) for leaving:			
If you were terminated or asked to resign, please explain:			

V. EMPLOYMENT GAPS: Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury, or disability.

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

Name	Title	Relationship to you	Phone Number	Number of years known
1.				
2.				
3.				

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

VIII. 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.

CERTIFICATION (Please read carefully before signing). I understand and agree that:

1. The information in this application is true and complete and that any false or misleading information made in this application or interview(s) are grounds for disqualification from further consideration for employment or for dismissal from employment.
2. This application is not a contract of employment. If offered employment, **MY EMPLOYMENT WITH INTEGRATED FACILITY SERVICES HAWAII (COMPANY) IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
3. The Company may investigate my personal and/or employment history, excluding salary history. Any former employer, school, government agency, or other person/entity may provide the Company with any information they may have regarding me; provided the information does not pertain to salary history. If employed by the Company, the Company may provide truthful information (including fact or opinion) regarding my employment to any potential or future employer. I release the Company and all providers of such information from any liability which may arise as a result of furnishing and/or receiving such information.
4. I may be required to submit to drug testing and a post-offer medical examination as part of my application for employment. I may be required to submit to a medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician or laboratory conducting such examination to disclose the results of the examination to the Company in accordance with state and/or federal laws. The Company will keep such results confidential unless allowed/required by law.
5. The Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 7 years old or any misdemeanor more than 5 years old (excluding periods of incarceration) will not be considered.
6. If hired, I shall not disclose or use confidential information belonging to prior employers and that I will inform Company of any agreements that would limit my ability to work for the Company.
7. All of the foregoing terms and conditions will become part of my employment relationship with Company if I am employed by the Company.

Signature:

Print Name:

Date: