



# HOVE ROAD MAINTENANCE

P.O. Box 6227 • Ocean View, HI 96737

## Application for Employment

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### General Information: *\*Required Information\**

*Name		*Driver's License No.	*Soc. Sec. No.
*Address			*Phone No.
*City	*State	*Zip	

### **\*\*Valid Driver's License Required\*\***

Starting with present or most recent, list all previous employers. Include self-employment, military service, summer and part-time jobs. Please attach additional sheets if necessary, following same format

Name, Address & Phone of Former Employer	Position & Duties		Supervisor's Name	
			Salary	
			Starting	Leaving
			Reason for Leaving	
Dates Employed (Month & Year)				
From	To			
Name, Address & Phone of Former Employer	Position & Duties		Supervisor's Name	
			Salary	
			Starting	Leaving
			Reason for Leaving	
Dates Employed (Month & Year)				
From	To			
Name, Address & Phone of Former Employer	Position & Duties		Supervisor's Name	
			Salary	
			Starting	Leaving
			Reason for Leaving	
Dates Employed (Month & Year)				
From	To			



**REFERENCES: (Not Relatives)**

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

**EDUCATION:**

xxxxxxxxxxxxxx	Name of School	Address	No. of Yrs. Attended	Degrees
Elementary				xxxxxxxxxxxxxxxxxxxx
Jr High/ Intermediate				xxxxxxxxxxxxxxxxxxxx
High School				
College				
Other (trade School, etc.)				

**MEDICAL INFORMATION:**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician, I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Are you able to perform the essential functions of this job with or without reasonable accommodation? \_\_\_\_\_ Applicant's Initials \_\_\_\_\_

**OTHER:**

Have you ever been convicted of a crime which would have a substantial relationship to the functions and responsibilities of the position for which you are applying?

YES NO If yes, please explain: \_\_\_\_\_

Do you know anyone presently working for our Company? YES NO If yes, who? \_\_\_\_\_

**NOTE:**

It is the policy of this company to hire only U.S. Citizens and aliens who are authorized to work in this country. As a condition of employment, you will be required to produce original documents, including a VALID driver's license, establishing your identity and authorization to work, and to complete, if needed, the U.S. Immigration and Naturalization Services Form I-9.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete/. Further, I understand that any misrepresentation or omission, when discovered, will subject me to discharge, and I hereby authorize any investigation of the above or related work experience, education or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

\_\_\_\_\_ Application Date \_\_\_\_\_ Signature of Applicant