



Employee Eligibility Verification Form

This section to be completed by employee:

Employee First & Last Name: _____

Job Title: _____

Department: _____

This section to be completed by employer:

Date First Employed: _____

This employee is employed at:

Please check \checkmark one (1):

- Four Seasons Hualalai
- Hualalai Investors, LLC
- Resort Contractor:
Name of Company: _____

This employee's employment status is

Please \checkmark check one (1):

- Active – Full-Time
- Active – Part-Time
- Active – Casual
- Other Status _____

Average # of hours worked per week: _____

Signature: _____ Date: _____
(Signature of Verifier)

Print Name of Verifier: _____

Verifier Position Title: _____ at _____

Name of Company: _____