



**Mililani Town Association**  
 95-303 Kaloapau Street  
 Mililani, HI 96789  
 Phone (808) 623-7300

# Application for Employment

Date:
Job/Position you are applying for (must be filled in):
Are you able to perform the essential functions of this position with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Days / Hours Available to Work: Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

## We are an Equal Opportunity Employer

Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state or local law.

### GENERAL INFORMATION:

Name		Email	
Address		Home Phone	Cell Phone
City	State	Zip Code	

**EMPLOYMENT RECORD:** 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 the same format.

From (month/year)	Company Name		Job Title
To (month/year)	Address		Supervisor
Starting Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	Phone	Job Duties
Ending Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	Reason for Leaving	
From (month/year)	Company Name		Job Title
To (month/year)	Address		Supervisor
Starting Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	Phone	Job Duties
Ending Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	Reason for Leaving	
From (month/year)	Company Name		Job Title
To (month/year)	Address		Supervisor
Starting Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	Phone	Job Duties
Ending Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	Reason for Leaving	

**EDUCATION:**

	Name of School	Address	No. of Yrs Attended	Diploma/Degrees
High School				
College				
Other (trade school, etc)				

**SPECIAL SKILLS / LICENSES / CERTIFICATIONS:**

(CPR, CPO, First Aid, Life Guard, etc.)

**REFERENCES (not relatives):**

Name	Occupation	Phone
Name	Occupation	Phone

**OTHER:**

Have you previously worked for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?
Have you previously applied for a job with this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when and for what position?
Do you know anyone presently working for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who?

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, character, reputation and background information for purposes of consideration of my application for employment.

In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) 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 the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I agree to provide the Company with any authorization or release which may be required for a pre-employment medical examination or drug test.

I understand that if under the age of 18, I may be required to provide proof of age in the form of a Certificate of Age or may be required to apply for a Minor's Certificate of Employment upon hire.

This application is not a contract and cannot create a contract for any specific period. 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.

Only the General Manager is authorized to modify the Company's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the General Manager.

I understand that 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, I understand that I will be required to produce original documents establishing my identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.

This application will only be considered for six (6) months. I understand that if I have not been hired within six (6) months of completing this application, and I still wish to be considered for employment, I must complete another application.

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Applicant's Signature