



www.flagshiphawaii.com  
1034 A Kilani Avenue, #103  
Wahiawa, Hawaii 96786  
Office: (808) 621-0899 • Fax: (808) 622-4448

## APPLICATION FOR EMPLOYMENT

Thank you for your interest in our Company. You must properly complete **ALL** portions of this employment application to be considered for employment at the Company. If you require accommodation during the application, please let us know. This Company is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, or other protected categories in accordance with state and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the position applied.

**Please print. All applicants must complete sections 1, 2, 3, 4, and 6 and any other applicable section. If additional space is required, attach a separate sheet.**

### 1. PERSONAL INFORMATION

A. \_\_\_\_\_  
NAME (LAST) (FIRST) (MIDDLE INITIAL)

B. \_\_\_\_\_  
ADDRESS (STREET) TELEPHONE NO.

C. \_\_\_\_\_  
(CITY) (STATE) (ZIP) ALT. TELEPHONE NO.

D. SOCIAL SECURITY NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

E. Are you a U.S. Citizen or are you legally authorized to work in the U.S.?  
 YES [Note: If offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act.]  
 NO

F. How were you referred to this Company? \_\_\_\_\_

G. Do you have friends or relatives working for the Company? If yes, who?  
\_\_\_\_\_  
\_\_\_\_\_

H. Have you previously applied for a job with this Company?  
 YES If yes, where and when? \_\_\_\_\_  
 NO

I. Have you previously worked for this Company?  
 YES If yes, where and when? \_\_\_\_\_  
 NO

J. Position for which you are applying? \_\_\_\_\_

(Note: If hired, you will be required to perform work as required by the Company.)

Salary/Wage Desired: \_\_\_\_\_

K. Apart from religious observances, will you be available to work all other times?

YES  NO

L. If hired, on what date can you begin work? \_\_\_\_\_

## 2. EDUCATION/TRAINING

	Elementary/Middle School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	

## 3. EMPLOYMENT RECORD

(List most recent employer first. Please list all employers for at least the past 10 years and account for any periods that you were NOT working. **[Failure to disclose all information and/or falsification will invalidate this employment application and lead to termination of employment.]** If additional space is needed, please attach separate sheet.)

Employer	Dates of Service M/YR to M/YR		Work Performed	
Address				
Telephone Number(s)	Hourly Rate/Mo. Salary			
Job Title	Supervisor	Starting		
Reason For Leaving	Final			

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Job Title	Supervisor	Starting	
Reason For Leaving	Final		

**SPECIAL SKILLS AND QUALIFICATIONS/EMPLOYMENT GAPS**

Summarize any special job-related skills and qualifications acquired from employment or other special training and experience. Also, explain any periods that you were not working.

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**4. REFERENCES**

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**5. CLERICAL AND SECRETARIAL APPLICANTS ONLY**

Mark below if you have experience with the task or item.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Calculating Machine<br>10-key touch ability <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Switchboard            | <input type="checkbox"/> Proofreading                 |
| <input type="checkbox"/> Typing _____ W.P.M.  | <input type="checkbox"/> Transcribing Equipment | <input type="checkbox"/> Desk Top Publishing          |
| <input type="checkbox"/> Shorthand _____ W.P.M.   | <input type="checkbox"/> Computer               | <input type="checkbox"/> Word Processing              |
| <input type="checkbox"/> Spreadsheet (Excel/Lotus)  | <input type="checkbox"/> Quickbooks Pro         | <input type="checkbox"/> Office Machines (Fax/Copier) |

OTHER: \_\_\_\_\_

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## 6. CERTIFICATION

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### **PLEASE READ CAREFULLY BEFORE SIGNING**

- A. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed by the Company, I agree to conform to the guidelines and policies of the Company, and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON.**
- C. I understand and agree that only the President of the Company has the authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment and such an agreement must be in writing and signed by the President.
- D. I consent to and authorize the Company to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Company with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability as a result of furnishing and receiving this information.
- E. I understand and agree that I may be required to submit to drug testing and complete a post-offer medical examination, as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such an examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. I understand and agree that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living. I hereby consent to and authorize that such a report be made which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.
- G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Authorization/Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_