

| APPLICATION FOR EMP            | LOYMENT          | NT Date:       |                 |                              |  |  |  |
|--------------------------------|------------------|----------------|-----------------|------------------------------|--|--|--|
|                                | Phone No.:       |                |                 |                              |  |  |  |
| Street Address:                |                  |                |                 | Zip<br>Code:<br>Zip<br>Code: |  |  |  |
| Mailing Address:               |                  | City:          | State:          |                              |  |  |  |
| Job Seeking:                   |                  |                |                 |                              |  |  |  |
| EMPLOYMENT INFORMATIO          |                  |                |                 |                              |  |  |  |
| employed, list previous employ | ment informatior | n starting wit | h most recent.) |                              |  |  |  |
| 1. Name of Employer:           |                  |                | Position Held:  |                              |  |  |  |
| Address:                       |                  | City           | State           | _ Zip code                   |  |  |  |
| Phone No.:                     | _ Date Started:  |                | Date Left: _    |                              |  |  |  |
| Job duties:                    |                  |                |                 |                              |  |  |  |
| Reasons for Leaving:           |                  |                |                 |                              |  |  |  |
| 2. Name of Employer:           |                  |                | Position Held:  |                              |  |  |  |
| Address:                       |                  | City           | State           | _ Zip code                   |  |  |  |
| Phone No.:                     | _ Date Started:  |                | Date Left: _    |                              |  |  |  |
| Job duties:                    |                  |                |                 |                              |  |  |  |
| Reasons for Leaving:           |                  |                |                 |                              |  |  |  |
| 3. Name of Employer:           |                  |                |                 |                              |  |  |  |
| Address:                       |                  |                |                 |                              |  |  |  |
| Phone No.:                     | _ Date Started:  |                | Date Left: _    |                              |  |  |  |
| Job duties:                    |                  |                |                 |                              |  |  |  |
| Reasons for Leaving:           |                  |                |                 |                              |  |  |  |
| EDUCATION/TRAINING             |                  |                | Number of       | Diploma/                     |  |  |  |
| Name of School                 |                  |                | Years Atten     | ded Degree(s)                |  |  |  |
| High School                    |                  |                |                 |                              |  |  |  |
| College                        |                  |                |                 |                              |  |  |  |
| Other                          |                  |                |                 |                              |  |  |  |

| REFERENCES (Not Relatives)  |         |           |      |                              |  |  |
|---|---------|-----------|------|------------------------------|--|--|
| Name  | Address |           |      | Phone Number                 |  |  |
|   |         |           |      |                              |  |  |
|   |         |           |      |                              |  |  |
|   |         |           |      |                              |  |  |
| <u>OTHER</u>  |         |           |      |                              |  |  |
| Do you know anyone presently working for this company? YES_           |         |           |      | NO                           |  |  |
| If yes, list the names. If a relative to you, state the relationship. |         |           |      |                              |  |  |
| <u>Name</u>   |         | Relative? |      | If yes, how are you related? |  |  |
|   |         | □ Yes     | □ No |                              |  |  |
|   |         | □ Yes     | □ No |                              |  |  |
|   |         | □ Yes     | 🗆 No |                              |  |  |

Do you have any other experiences, skills, or qualifications, which you feel may be beneficial to us? (Explain, attach a sheet if necessary)

## ABILITY TO PERFORM/ATTEND

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-9 AUTHORIZATION**

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 establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Services' Form I-9.)

## EQUAL OPPORTUNITY EMPLOYER

Our Company is 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.

I certify that all statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission when discovered may result in discharge. I authorize any investigation of the above information for purposes of verification.

This application is not a contract and cannot create a contract. I understand that if accepted for employment, I will abide by Hale Mahaolu's rules and regulations. I also understand that my employment is "at will" and can be terminated at any time by either party, with or without cause and with or without notice.

Hale Mahaolu may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment to me. I understand that Hale Mahaolu 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.

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

Applicant's Signature: