

APPLICATION FOR EMPLOYMENT



THE RESTAURANT at HOTEL WAILEA

555 Kaukahi Street, Wailea, HI 96753
 Ph (808) 874-0500 | Fax (808) 874-8778
 www.hotelwailea.com/RHW

An Equal Opportunity Employer and Drug-Free Workplace

DATE	
POSITION DESIRED	
TYPE OF EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL	
DATE AVAILABLE	SALARY REQUESTED

PLEASE PRINT

NAME			HOME PHONE		
ADDRESS			ALTERNATE PHONE		
CITY	STATE	ZIP	EMAIL ADDRESS		

AVAILABILITY (Please check your availability by day below)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	HOURS AVAILABLE PER WEEK
DAY								
NIGHT								
ANYTIME								
NO								

EDUCATION AND TRAINING

SCHOOL	NAME, ADDRESS FOR EACH SCHOOL	NUMBER OF YRS COMPLETED	MAJOR SUBJECTS	GRADUATED?		DEGREE
				YES	NO	
HIGH SCHOOL						
COLLEGE						
OTHER						

ADDITIONAL WORK EXPERIENCE/SKILLS AND INFORMATION OR GENERAL INTERESTS RELATING TO POSITION APPLIED FOR:

FOREIGN LANGUAGES	LANGUAGE	SPEAK			READ			WRITE			TRANSLATE		
		SLIGHT	FAIR	FLUENT	SLIGHT	FAIR	FLUENT	SLIGHT	FAIR	FLUENT	SLIGHT	FAIR	FLUENT

WORK EXPERIENCE

(Begin with present or most recent employer and account for all periods of unemployment. Include self-employment, military service, summer and part-time jobs.)

1	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
DUTIES				
PHONE NUMBER		REASON FOR LEAVING		

2	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
DUTIES				
PHONE NUMBER		REASON FOR LEAVING		

3	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
DUTIES				
PHONE NUMBER		REASON FOR LEAVING		

4	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
DUTIES				
PHONE NUMBER		REASON FOR LEAVING		

5	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
DUTIES				
PHONE NUMBER		REASON FOR LEAVING		

6	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
	DUTIES			
PHONE NUMBER		REASON FOR LEAVING		

7	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
	DUTIES			
PHONE NUMBER		REASON FOR LEAVING		

8	NAME AND ADDRESS OF EMPLOYER	POSITION	DATES EMPLOYED	WAGE OR SALARY
		SUPERVISOR	FROM	START
			TO	END
	DUTIES			
PHONE NUMBER		REASON FOR LEAVING		

ADDITIONAL INFORMATION

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMODATIONS? YES NO IF NO, EXPLAIN:

HAVE YOU EVER WORKED FOR THIS COMPANY, PROPERTY OR PROSERVICE HAWAII BEFORE: YES NO
IF YES, STATE WHEN, POSITION AND REASON FOR LEAVING:

FOR VERIFICATION OR REFERENCE PURPOSES, HAVE YOU WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME?
 YES NO IF YES, WHAT NAME(S)?

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY OR PROSERVICE? YES NO
IF YES, STATE NAME(S):

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

REFERRAL SOURCE (Check One)

WALK-IN APPLICANT	SCHOOL/COLLEGE NAME: _____	EMPLOYMENT AGENCY NAME: _____
NEWSPAPER AD	EMPLOYEE REFERRAL NAME: _____	OTHER: _____

NAMES OF PERSONS WILLING TO PROVIDE PROFESSIONAL AND/OR CHARACTER REFERENCES (Not Relatives)

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

NOTE

It is the policy of this company to hire only those 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 Service's Form I-9.)

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true, complete and correct and that any false or misleading statements or omission, whenever discovered, regarding this application or verbal representatives regarding my background are grounds for disqualifications from further consideration or for dismissal from employment.

If employed by the Company, I understand that my employment is at will and can be terminated at any time, with or without cause or reason and with or without notice.

I understand that only the President of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment.

I authorize the Company to verify all references and information provided by me in this application and release the Company, any person or company responding to any reference or information from any claim or liability regarding any information or opinion supplied. I also authorize any investigation of the above or related work experience, education, character, reputation or personal characteristics for purposes of consideration of my application for employment. I understand that any offer of employment is subject to satisfactory references.

Applicant's initials: _____

I understand that I will be required to submit to drug testing after an offer of employment is made, but before employment duties begin as part of my application for employment. I also understand that I may be required to submit to future drug testing and complete medical examination, during my employment with the Company, provided that such examination is job-related and consistent with 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.

Signature of Applicant: _____ Date: _____