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<http://www.hotelwailea.com>

**An Equal Opportunity Employer and Drug-Free Workplace**

# APPLICATION FOR EMPLOYMENT

|   |                  |
|---|------------------|
| 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 | <b>HOURS<br/>AVAILABLE<br/>PER WEEK</b> |
|---------|--------|--------|---------|-----------|----------|--------|----------|---|
| 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.)

|          |                              |                    |                |    |
|----------|------------------------------|--------------------|----------------|----|
| <b>1</b> | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|          |                              |                    | FROM           | TO |
|          |                              | SUPERVISOR         |                |    |
|          |                              | DUTIES             |                |    |
|          | PHONE NUMBER                 | REASON FOR LEAVING |                |    |

|          |                              |                    |                |    |
|----------|------------------------------|--------------------|----------------|----|
| <b>2</b> | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|          |                              |                    | FROM           | TO |
|          |                              | SUPERVISOR         |                |    |
|          |                              | DUTIES             |                |    |
|          | PHONE NUMBER                 | REASON FOR LEAVING |                |    |

|          |                              |                    |                |    |
|----------|------------------------------|--------------------|----------------|----|
| <b>3</b> | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|          |                              |                    | FROM           | TO |
|          |                              | SUPERVISOR         |                |    |
|          |                              | DUTIES             |                |    |
|          | PHONE NUMBER                 | REASON FOR LEAVING |                |    |

|          |                              |                    |                |    |
|----------|------------------------------|--------------------|----------------|----|
| <b>4</b> | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|          |                              |                    | FROM           | TO |
|          |                              | SUPERVISOR         |                |    |
|          |                              | DUTIES             |                |    |
|          | PHONE NUMBER                 | REASON FOR LEAVING |                |    |

|          |                              |                    |                |    |
|----------|------------------------------|--------------------|----------------|----|
| <b>5</b> | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|          |                              |                    | FROM           | TO |
|          |                              | SUPERVISOR         |                |    |
|          |                              | DUTIES             |                |    |
|          | PHONE NUMBER                 | REASON FOR LEAVING |                |    |

|   |                              |                    |                |    |
|---|------------------------------|--------------------|----------------|----|
| 6 | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|   |                              |                    | FROM           | TO |
|   |                              | SUPERVISOR         |                |    |
|   |                              | DUTIES             |                |    |
|   | PHONE NUMBER                 | REASON FOR LEAVING |                |    |

|   |                              |                    |                |    |
|---|------------------------------|--------------------|----------------|----|
| 7 | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|   |                              |                    | FROM           | TO |
|   |                              | SUPERVISOR         |                |    |
|   |                              | DUTIES             |                |    |
|   | PHONE NUMBER                 | REASON FOR LEAVING |                |    |

|   |                              |                    |                |    |
|---|------------------------------|--------------------|----------------|----|
| 8 | NAME AND ADDRESS OF EMPLOYER | POSITION           | DATES EMPLOYED |    |
|   |                              |                    | FROM           | TO |
|   |                              | SUPERVISOR         |                |    |
|   |                              | 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<br>NAME: _____    | EMPLOYMENT AGENCY<br>NAME: _____ |
| NEWSPAPER AD      | EMPLOYEE REFERRAL<br>NAME: _____ | OTHER:<br>_____                  |

**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: \_\_\_\_\_