



Date
Renewed
Position Desired (Must be filled in)

Application for Employment

General Information

Name (Last, First, MI)		Social Security No.
Address		Telephone No.
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.

Name and Address of Former Employer(s)		Dates Employed	Position & Duties	Salary	Reason for Leaving
Company Name	Phone	From: Mo./Yr		Starting \$	
Address:		To: Mo./Yr		Leaving \$	
City, State	Zip Code		Supervisor's Name		
Company Name	Phone	From: Mo./Yr		Starting \$	
Address:		To: Mo./Yr		Leaving \$	
City, State	Zip Code		Supervisor's Name		
Company Name	Phone	From: Mo./Yr		Starting \$	
Address:		To: Mo./Yr		Leaving \$	
City, State	Zip Code		Supervisor's Name		
Company Name	Phone	From: Mo./Yr		Starting \$	
Address:		To: Mo./Yr		Leaving \$	
City, State	Zip Code		Supervisor's Name		
Company Name	Phone	From: Mo./Yr		Starting \$	
Address:		To: Mo./Yr		Leaving \$	
City, State	Zip Code		Supervisor's Name		
Company Name	Phone	From: Mo./Yr		Starting \$	
Address:		To: Mo./Yr		Leaving \$	
City, State	Zip Code		Supervisor's Name		

REFERENCES: (not Relatives)

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

EDUCATION:

	Name of Institution	Address	No. of Years Attended	Degrees
Elementary				
Jr. High / Intermediate				
High School				
College				
Other (trade school, etc)				

MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Hawaii Modular Space, Inc.'s (HMSI) expense and by HMSI's 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 examination at HMSI's expense and by HMSI's chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to HMSI.

Are you able to perform the essential functions of this job with or without reasonable accommodations? _____

Applicant's Initials: _____

OTHER:

Do you know anyone presently working for our company? _____, If so, who? _____

Do you have a valid Drivers' License? _____ If so, what Class/Type? _____

NOTE:

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 Service's Form I-9)

I certify that all statements made on the application are true and complete to the best of my knowledge.

I understand 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, or reputation information for purposes of consideration of my application for employment.

The application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or HMSI, with or without cause or reason and with or without notice.

Application Date

Applicant's Signature