



Carrier Hawaii

Application for Employment

Date: _____

Position Applying For: _____

(Revised 05/14/18 - MK)

The following information is requested in order to help us make the best possible placement within Carrier Hawaii. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application. However, please be aware that the completion of this application in no way guarantees you a position with Carrier Hawaii. Carrier Hawaii is an equal opportunity employer, and in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex (including gender identity or expression), national origin, marital status, disability, arrest and court record, sexual orientation, ancestry, genetic information, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or other grounds protected under state or federal law, except where bona-fide occupational qualification exists. Applicants requiring accommodation during the employment application process, please let the interviewer know at the time of interview. This application for employment is valid for a three-month period after submission to Carrier Hawaii.

PLEASE PRINT. If additional space is required, attach sheet

LAST NAME

FIRST NAME

MIDDLE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

Are you legally authorized to work in the United States?

YES

NO

(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)

Do you have relatives working for Carrier Hawaii?

YES

NO

If yes, who and how are you related?

Would you consider working at our outer-island branch?

YES

NO

Name and Location of School	Number of Years Attended	Degree
HIGH SCHOOL		
COLLEGE		
POST GRADUATE		
OTHER COURSES COMPLETED AFTER LEAVING SCHOOL (I.E. TRADE OR TECHNICAL COURSES)		

PRESENT OR PAST EMPLOYER (PAST 10 YEARS):

Firm Name	Type of Business	
Address	Employed From	To
Job Title		

Describe Your Duties

Immediate Supervisor (Name and Title)	Reasons for Leaving
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PREVIOUS EMPLOYERS:

Firm Name	Type of Business	
Address	Employed From	To
Job Title		

Describe Your Duties

Immediate Supervisor (Name and Title)	Reasons for Leaving
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PREVIOUS EMPLOYERS:

Firm Name	Type of Business	
Address	Employed From	To
Job Title		

Describe Your Duties

Immediate Supervisor (Name and Title)	Reasons for Leaving
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Other Previous Employers Firm Name	Location	From	To	Job Title

ANNUAL STARTING SALARY DESIRED: \$ _____ WHEN CAN YOU REPORT TO WORK? _____

ACKNOWLEDGEMENT AND CERTIFICATION:

By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background. 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-chosed 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-chosed phyician. I agree to provide the Company with any authorization or release which may be required for a pre-employment medical examination or drug test.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

Applicant Signature

Application Date