

Aloha International Employment Inc.

d.b.a. www.oahuhotjobs.com

900 Fort Street Mall, Suite 110 • Honolulu, Hawaii 96813

Phone: (808) 441-2718 • Fax: (808) 441-2719

Thank you for your interest in Aloha International Employment Inc, hereafter referred to as AIE, Inc. You must properly complete ALL portions of this employment application to be considered for employment with us. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. Our company is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, military service or other protected categories in accordance with state and federal laws.

PERSONAL INFORMATION

- A. _____
Name (Last) (First) (Middle Initial)
- B. _____
Present Address (Street) (City) (State) (Zip)
- C. _____
Mailing Address (Street) (City) (State) (Zip)
- D. _____
Telephone Number (s) Emergency Contact (Name/Telephone)
- E. E-Mail Address: _____
- F. Upon hire, you will be required to present proof of age, authorization to work and your social security number. Can you submit verification of your legal right to work in the United States?
☐ Yes ☐ No [Note: If offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act.]
- G. How were you referred to this company?
☐ Relative _____ ☐ Newspaper Ad ☐ Friend _____
☐ State Employment Office ☐ Walk In ☐ Other _____
- H. Have you previously applied for a job with this company? ☐ Yes ☐ No
If yes, where and when? _____
- I. Have you ever worked for this company before? ☐ Yes ☐ No
If yes, where and when? _____
- J. Desired Position _____ Date You Can Start _____
[Note: If hired, you will be required to perform work as required by AIE, Inc.]
- K. Salary/Wage desired _____

EDUCATION/TRAINING

	High School	College/University	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

EMPLOYMENT RECORD

(List most recent employer first. Please account for the last ten years of employment. **FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS.** Use additional paper if necessary.)

Name of Employer			Description of Work
Address (Street, City, State, Zip)		Employer's Phone Number	
Job Title	Date Started	Last Day Worked	
Name of Supervisor/Title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Why?		
Starting Wage/Ending Wage	Reason (s) for leaving		
Name of Employer			Description of Work
Address (Street, City, State, Zip)		Employer's Phone Number	
Job Title	Date Started	Last Day Worked	
Name of Supervisor/Title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Why?		
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Name of Employer			Description of Work
Address (Street, City, State, Zip)		Employer's Phone Number	
Job Title	Date Started	Last Day Worked	
Name of Supervisor/Title	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Why?		
Starting Wage/Ending Wage	Reason (s) for leaving		

KNOWLEDGE AND EXPERIENCE

Make "✓" for knowledge. Make "X" for knowledge plus actual experience

<p><u>Clerical/Secretarial</u></p> <p><input type="checkbox"/>Administrative Asst. <input type="checkbox"/>Executive Secretary <input type="checkbox"/>Receptionist <input type="checkbox"/>Data Entry <input type="checkbox"/>Legal <input type="checkbox"/>Insurance: _____ <input type="checkbox"/>Real Estate <input type="checkbox"/>Construction Secretary <input type="checkbox"/>HR/Personnel <input type="checkbox"/>Speedwriting <input type="checkbox"/>Switchboard Operator <input type="checkbox"/>Transcribing <input type="checkbox"/>Dictaphone <input type="checkbox"/>Shorthand <input type="checkbox"/>Typing: WPM _____ <input type="checkbox"/>Front Desk/Reserv. <input type="checkbox"/>Other _____ _____</p>	<p><u>Accounting</u></p> <p><input type="checkbox"/>General Accounting <input type="checkbox"/>Bookkeeping <input type="checkbox"/>Tax Preparation <input type="checkbox"/>Collections <input type="checkbox"/>Payroll <input type="checkbox"/>A/P <input type="checkbox"/>A/R <input type="checkbox"/>10-Key</p>	<p><u>Medical</u></p> <p><input type="checkbox"/>General Office <input type="checkbox"/>Medical Billing <input type="checkbox"/>Medical Insurance <input type="checkbox"/>RN/LPN <input type="checkbox"/>Phlebotomy <input type="checkbox"/>CPR Certified <input type="checkbox"/>Dental Gen. Ofc. <input type="checkbox"/>Dental Assistant</p>	<p><u>Manual</u></p> <p><input type="checkbox"/>General Labor <input type="checkbox"/>Warehouse <input type="checkbox"/>Janitorial <input type="checkbox"/>Landscaping <input type="checkbox"/>Hotel/Condo. Cleaning <input type="checkbox"/>Heavy Equipment Oper. <input type="checkbox"/>Forklift <input type="checkbox"/>Electrician <input type="checkbox"/>Plumber <input type="checkbox"/>Carpenter <input type="checkbox"/>Painting <input type="checkbox"/>Delivery Driver <input type="checkbox"/>CDL Driver: Class _____ <input type="checkbox"/>Shipping/Receiving <input type="checkbox"/>Construction <input type="checkbox"/>Roofing <input type="checkbox"/>Merchandising <input type="checkbox"/>Mechanic: _____ <input type="checkbox"/>Able to lift _____ lbs. <input type="checkbox"/>Other _____ _____</p>
<p><u>Management</u></p> <p><input type="checkbox"/>General <input type="checkbox"/>Corporate <input type="checkbox"/>Sales <input type="checkbox"/>Restaurant <input type="checkbox"/>Accounting <input type="checkbox"/>Resident <input type="checkbox"/>Hotel/Condo. <input type="checkbox"/>Operations <input type="checkbox"/>Bank</p>			
<p><u>Other</u></p> <p><input type="checkbox"/>Customer Service <input type="checkbox"/>Cashier/Sales <input type="checkbox"/>Waiter/Waitress <input type="checkbox"/>Travel Industry <input type="checkbox"/>Technical _____ <input type="checkbox"/>Engineer _____ <input type="checkbox"/>Language _____ <input type="checkbox"/>Graphic Arts <input type="checkbox"/>Photography <input type="checkbox"/>Model</p>			

Software

<input type="checkbox"/> Mac Compatible	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> Quicken	<input type="checkbox"/> Quark Express
<input type="checkbox"/> MS Word	<input type="checkbox"/> Windows	<input type="checkbox"/> Quattro Pro	<input type="checkbox"/> PDF Workflow
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Claris Works	<input type="checkbox"/> UNIX	<input type="checkbox"/> Photoshop
<input type="checkbox"/> MS Access	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> Mos 90	<input type="checkbox"/> EZ Pos
<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> Peachtree	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Internet/ MS Outlook
<input type="checkbox"/> Others _____			

SPECIAL SKILLS AND QUALIFICATIONS/EMPLOYMENT GAPS

(Summarize special job-related skills and qualifications acquired from employment or other special training and experience. Also, explain any periods that you were not working.)

REFERENCES

(Give name, address and telephone number of three references who are not related to you and are not previous employers.)

1. _____

2. _____

3. _____

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A. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statement or omission, whenever discovered, regarding this application is a reason for disqualification from further consideration or for dismissal from employment.

B. If employed, I agree to conform to the guidelines and policies of AIE, Inc., and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**

C. I understand and agree that only Management officials have authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. Any oral representations to the contrary are void.

D. I consent to and authorize AIE, Inc. to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide AIE, Inc. with any information of any sort (including fact or opinion) they may have regarding me. In consideration of AIE, Inc. review of this application, I release AIE, Inc. and all providers of any information from any liability as a result of furnishing and receiving this information. I understand and agree that if offered employment by AIE, Inc., any such employment offer shall be dependent upon the receipt of satisfactory references as determined by AIE, Inc. If employed by AIE, Inc., I further authorize AIE, Inc. to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against AIE, Inc. for truthfully communicating any such information to a potential or future employer.

E. I understand and agree that if offered employment by AIE, Inc. I may be required to disclose pending arrest information and criminal conviction information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory arrest and /or conviction record as determined by the company.

F. I understand and agree that if offered employment by the company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the company.

G. I understand and agree that all of the forgoing terms and conditions will become part of my employment relationship with the company if I am employed by AIE, Inc.

Signature of Applicant: _____ **Date:** _____

ACKNOWLEDGEMENT OF EMPLOYEE HANDBOOK (SAFETY/SUBSTANCE ABUSE PROGRAM)

I have read a copy of the Company's Policies & Guidelines Handbook (which includes the Safety and Substance Abuse Program) and understand that I may, at anytime, request the full copy of the Handbook.

I understand that the Handbook is a general overview of some of the Company's personnel policies and guidelines and that these policies and guidelines, as well as any other policies and guidelines which may be adopted by AIE, Inc., are subject to modification, discontinuation or change without notice by the President.

I will read the guidelines and procedures contained in this Handbook. If I do not understand anything in the Handbook, I will tell my supervisor and discuss it with my supervisor or other appropriate AIE, Inc. representative. I understand that violation of these policies and guidelines constitute reason for disciplinary actions up to and including discharge.

I understand that because business judgments and needs may change over time, the policies and guidelines described in this Handbook is not intended to create a contract between myself and AIE, Inc. I understand that my employment is for no fixed term and may be terminated, with or without cause or notice, at any time at the option of myself or AIE, Inc.

In addition, I understand that no AIE, Inc. representative other than the President has the authority to enter into any written or oral employment contract or agreement for employment for any specified period of time or to limit termination to certain specified reasons or only after the exhaustion of certain procedures. I understand that such an agreement must be in writing and signed by both parties, and I agree that no such representation has been made to me.

I also understand that in case of termination, I will settle all open employee charge accounts in full and return all tools, Company property, including keys, prior to my last day of work. I understand and agree that any outstanding balance may be withheld from my final paycheck to the extent permitted by law.

THE HANDBOOK SUPERSEDES, REPLACES AND CANCELS ALL PRIOR HANDBOOKS.

Signature of Applicant: _____ **Date:** _____

Interviewed By: _____ **Date:** _____