

**APPLICATION FOR EMPLOYMENT**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: XXX - XX - \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

WERE YOU REFERRED BY A CURRENT EMPLOYEE? IF SO, WHO? \_\_\_\_\_

HAVE YOU EVER WORKED FOR LEALANI CORPORATION BEFORE?  Yes  No

(If yes, what dates and position?) \_\_\_\_\_

POSITION DESIRED	(1) _____
	(2) _____

DAYS AND HOURS YOU CAN WORK: Full Time  Part Time  Holidays   
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Day Shift Hours Available \_\_\_\_\_  
 Night Shift Hours Available \_\_\_\_\_

What date can you start work? \_\_\_\_\_

Do you have the legal right to work in this country? Yes  No  If no, please explain \_\_\_\_\_

If hired for a position, will you be able to present a valid Hawaii State Driver License  
or Identification Card?  Yes  No

Do you have transportation?  Yes  No

Have you had any Special Training that could help you on the job?  Yes  No If yes, what type of training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education****Completed?**

	School Attended	City/State	Yes	No	Degree
High School					
College					
Other					

Are you currently employed?  Yes  No If yes, where? \_\_\_\_\_

If yes, do you plan to keep your present job?  Yes  No

How long have you lived on Kauai? \_\_\_\_\_

Is this your permanent residence?  Yes  No If no, where is your permanent residence? \_\_\_\_\_

Do you have any physical limitations?  Yes  No Can you lift 20 lbs?  Yes  No

Are you willing to take a drug test?  Yes  No Do you smoke?  Yes  No

Do you wish to advise us of your starting wage / salary expectations? \$ \_\_\_\_\_ per \_\_\_\_\_

If you are currently employed, may we contact your present employer?  Yes  No

Please list below your Employment Record. Start with the most recent employer:

Date Started: _____	Date Left: _____
Employer: _____	Telephone: _____
Address: _____	
Name of Supervisor/Title _____	
Your Title: _____	Duties: _____
Reason for Leaving: _____	
Date Started: _____	Date Left: _____
Employer: _____	Telephone: _____
Address: _____	
Name of Supervisor/Title _____	
Your Title: _____	Duties: _____
Reason for Leaving: _____	

I certify that the information contained in this application is correct to the best of my knowledge, and understand the falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with the corporation's policy. I agree to conform to the rules and regulations of the corporation, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the corporation or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_