



TECHNOLOGIES, INC.

155 Kapalulu Place Suite 109
Honolulu, HI 96819-2000
Phone (808) 836-9253 - Fax (808) 836-9250

At Will Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
<p>It is the policy of 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.)</p>			

EDUCATION			
High School		Address	
Number of Years:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
Number of Years:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
Number of Years:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

ADDITIONAL INFORMATION

List Current Professional Registrations, Certifications and Licenses. Indicate the issued State or Agency, License Number, date Issued, and Expiration Date.

List any Other Information You Think Would be Useful in Evaluating Your Qualifications for the Position Sought (i.e., publications, patents, professional affiliation, honors, or other experience).

THE FOLLOWING SECTION ONLY IF APPLYING FOR AN INFORMATION TECHNOLOGY POSITION

Hardware

Software

Operating Systems

Networks

Training

THE FOLLOWING SECTION ONLY IF APPLYING FOR AN OFFICE/CLERICAL POSITION

Office Software

Office Hardware

Other Office Skills (typing, graphics, etc.)

MILITARY SERVICE

Branch of Service

Primary Duties While in Service

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that all statements made on this application are true and complete 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 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.

This 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 the Company, with or without cause or reason and with or without notice.

Signature _____ Date _____