



Independent Employers Group

375 KEKUANAOA ST HILO, HI 96720-4360
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 PHONE (808) 961-6691 USA TOLL FREE (800) 762-3958 FAX (808) 935-0306

Application for Employment

Date:
Renewed:
Job/Position you are applying for : (Must be filled in)

GENERAL INFORMATION:

Name	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 & Address of Former Employer		Dates Employed		Position & Duties	Salary	Reason for Leaving
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
No. & Street					Leaving \$	
City & State	Zip				Supervisor's Name	
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
No. & Street					Leaving \$	
City & State	Zip				Supervisor's Name	
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
No. & Street					Leaving \$	
City & State	Zip				Supervisor's Name	
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
No. & Street					Leaving \$	
City & State	Zip				Supervisor's Name	
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
No. & Street					Leaving \$	
City & State	Zip				Supervisor's Name	
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
No. & Street					Leaving \$	
City & State	Zip				Supervisor's Name	

REFERENCES: *(Not relatives)*

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

EDUCATION:

	Name of School	Address	No. of Yrs. Attended	Degrees
High School				
College				
Other (graduate school, 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 (or drug test) at Company expense and by a Company-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 (or drug) examination at Company expense and by a Company-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 the Company.

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____ Applicant's Initials _____

OTHER:

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

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.)*

By signing below, 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 made herein, when discovered, will 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.

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.

_____ Applicant Signature _____ Application Date _____