



# WAIMEA VALLEY

HI'IPAKA LLC

Date of Application: \_\_\_\_\_

## GENERAL INFORMATION

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

ADDRESS: \_\_\_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?

YES  NO

ARE YOU EMPLOYED NOW?  YES  NO

WHERE? \_\_\_\_\_

IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER?

YES  NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO

WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?

WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION(S): 1. \_\_\_\_\_

2. \_\_\_\_\_

DATE YOU CAN START: \_\_\_\_\_

## AVAILABILITY (DAYS AND HOURS AVAILABLE TO WORK)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIME FROM							
TIME TO							

ARE YOU AVAILABLE TO WORK ON EVENINGS?  YES  NO

HOLIDAYS?  YES  NO



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## SKILLS

LIST ALL JOB RELATED CERTIFICATIONS AND SKILLS INCLUDING, IF APPLICABLE, ALL COMPUTER PROGRAMS/SOFTWARE YOU CURRENTLY USE:

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ARE YOU OPEN TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? [REFER TO JOB DESCRIPTION BEFORE RESPONDING]

YES  NO

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____
ADDRESS: _____
JOB TITLE: _____ SUPERVISOR: _____
WORK PERFORMED: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____
ADDRESS: _____
JOB TITLE: _____ SUPERVISOR: _____
WORK PERFORMED: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____
ADDRESS: _____
JOB TITLE: _____ SUPERVISOR: _____
WORK PERFORMED: _____
REASON FOR LEAVING: _____



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## EDUCATION

Name of School	Location	Years Completed	Did You Graduate?	Degree(s)
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

## OTHER

DO YOU KNOW ANYONE PRESENTLY WORKING FOR THIS COMPANY?

YES  NO

IF SO, WHO?

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## CERTIFICATION (READ CAREFULLY BEFORE SIGNING)

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of material fact is sufficient ground for cancellation of this application, or if I am employed by Hi'ipaka LLC (the "Company"), for immediate discharge from employment.

Except as may be noted above, I authorize the Company to contact and obtain information from all reference, employers and educational institutions listed, and to investigate any of the above information for purposes of verification. I also authorize the Company, if I receive a conditional offer of employment, to conduct an inquiry into my criminal conviction record for the past ten years (excluding periods of incarceration), including state and federal checks, to the extent permitted by law.

I hereby agree to hold the Company and its representatives harmless and release them from liability of any kind for any statements, acts or omissions in the course and/or as a result of its investigations in connection with this application.

I also understand that if employed, I will be employed on an at-will basis and that my employment may be terminated at any time, either by me or by the Company, with or without cause.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT