



www.aieacopy.com

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, and veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

- 1) Complete application and attach current resumé.
- 2) Contact David at 808-486-3819 to schedule an appointment to submit application and take a Math & Reasoning Test (allow 45-60 minutes for test).

Personal Information

Last Name	First Name	M.I.
Street Address		Primary Phone
City	State	Zip
		Alternate Phone
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you, after employment, submit proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you verify your legal rights to work in the U.S. by providing appropriate documentation? <small>(If offered employment, proof of U.S. citizenship or the right to work in the United States will be required.)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person to be contacted in case of emergency: Name		Relationship
Address		Phone

Preferences

Date available to work:	Minimum pay rate required:				
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <small>(Check all that may apply)</small>					
Hours Available	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____
Store Work Hours	9 am - 7 pm	9 am - 7 pm	9 am - 7 pm	9 am - 7 pm	9 am - 7 pm

Education / Certificates / Training

School	School Name	Graduated	Major / Field of Study
High School / GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post High School Education		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post High School Education		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently a student? Yes, I am currently a student at _____ Expected Graduation _____

No, but I plan to return to school in the future Estimated Date _____

No, I have no intention to return to school

Other training and/or skills related to the position applying for:

Employment Record *List your complete full time and part time employment record. Begin with your current or most recent employer.***Are you currently employed?** Yes No

1. Company Name:	Start Date: (Month/Yr)	End Date: (Month/Yr)
Address	Phone	
Immediate Supervisor's Name / Job Title:	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summarize the nature of work performed & job responsibilities:		
Reason for leaving:	Average number of hours worked per week:	
2. Company Name:	Start Date: (Month/Yr)	End Date: (Month/Yr)
Address	Phone	
Immediate Supervisor's Name / Job Title:	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summarize the nature of work performed & job responsibilities:		
Reason for leaving:	Average number of hours worked per week:	
3. Company Name:	Start Date: (Month/Yr)	End Date: (Month/Yr)
Address	Phone	
Immediate Supervisor's Name / Job Title:	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summarize the nature of work performed & job responsibilities:		
Reason for leaving:	Average number of hours worked per week:	

Why are you interested in working at Aiea Copy Center?

Please provide a response within a few lines.

Read, Date & Sign

I authorize the company to conduct a reference and a background investigation. I understand and agree that employment may be contingent upon the results of the reference checks and the background investigation.

I understand I will be required to provide information for compliance with the Immigration Reform and Control Act. I understand that I may be required to have a physical examination, drug test, and pre-employment evaluations.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorized the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and person from any and all liability for any damages that may result from furnishing such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information of this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company.

My signature acknowledges that I understand and accept the above statements.

Applicant's Signature**Date***This application will remain active for 90 days from the date above.*