



www.aieacopy.com

HIRING QUESTIONS?

Contact Ceslie at
ceslie@aieacopy.net
(808) 486-3819

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) View job requirements and description at aieacopy.com/helpwanted
- 2) Email completed application AND current resumé to ceslie@aieacopy.net

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If offered employment, proof of U.S. citizenship or the right to work in the United States will be required.)</small>					
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>					
List all hours you are available to work. Mon <u>9 am - 7 pm</u> Tue <u>9 am - 7 pm</u> Wed <u>9 am - 7 pm</u> Thu <u>9 am - 7 pm</u> Fri <u>9 am - 7 pm</u>					
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? <input type="checkbox"/> Yes, I am currently a student at _____ Expected Graduation _____ <input type="checkbox"/> No, but I plan to return to school in the future Estimated Date _____ <input type="checkbox"/> 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?

☐ Yes

☐ 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?

☐ Yes

☐ 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?

☐ Yes

☐ 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.