



## TECHNOLOGIES, INC.

2969 Mapunapuna 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 A INFORMATION TECHNOLOGY POSITION**

Hardware

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Software

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Operating Systems

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Networks

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Training

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

Office Software

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Office Hardware

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Other Office Skills (typing, graphics, etc.)

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**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 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 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? YES  NO

**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"/>			

**MILITARY SERVICE**

Branch
Primary Duties While in Service

**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
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