



HMP, Inc., dba BUSINESS SERVICES HAWAII

16-630 Kipimana Street

Keaau, HI 96749

T: 808-966-7489 F: 808-982-3606 Email: info@businessserviceshawaii.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with Business Services Hawaii. You must properly complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex including gender identity or expression, religion, color, national origin, ancestry, marital status, disability, sexual orientation, credit history, genetic history, arrest and court record, military service, domestic or sexual violence victim status if the domestic or sexual violence victim provides notice to Business Services Hawaii of such status or Business Services Hawaii has actual knowledge of such status, or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three-month period after submission to Business Services Hawaii and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

PERSONAL INFORMATION

NAME (LAST, FIRST, MI)					
HAVE YOU EVER USED ANY OTHER NAMES? If so, please print: (For background and criminal conviction check)					
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
PHONE: _____	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.		CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
CELL: _____			<input type="checkbox"/> YES (NOTE: IF OFFERRED EMPLOYMENT YOU WILL BE REQUIRED TO SUBMIT DOCUMENTS REQUIRED BY IRCA.)		
EMAIL: _____			<input type="checkbox"/> NO		

DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
WHO REFERRED YOU TO BUSINESS SERVICES HAWAII?			
<input type="checkbox"/> RELATIVE:	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> AD	<input type="checkbox"/> FRIEND
<input type="checkbox"/> OTHER:			

*If hired, you will be required to perform work as required by Business Services Hawaii.

EDUCATION

SCHOOL LEVEL	NAME OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION
HIGH SCHOOL			
COLLEGE			
OTHER			

EDUCATION

Please account for last ten years of employment by answering all questions for each employer.

NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	CITY/STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES
STARTING HOURLY RATE	ENDING HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	PHONE NUMBER	IF NO, WHY?
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:

NAME OF PREVIOUS EMPLOYER		
ADDRESS	CITY/STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES
STARTING HOURLY RATE	ENDING HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	PHONE NUMBER	IF NO, WHY?
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:

NAME OF PREVIOUS EMPLOYER		
ADDRESS	CITY/STATE	ZIP CODE
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STARTING HOURLY RATE	ENDING HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	PHONE NUMBER	IF NO, WHY?
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:

NAME OF PREVIOUS EMPLOYER			
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STARTING HOURLY RATE	ENDING HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	PHONE NUMBER	IF NO, WHY?	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

EMPLOYMENT GAPS

Please explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

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REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three personal references who are NOT related to you.

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

JOB SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date and state of issuance.

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RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court or any other protected category recognized by Hawaii and Federal laws.

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CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. If employed by Business Services Hawaii, **I AGREE TO CONFORM TO THE COMPANY'S GUIDELINES AND POLICIES AND UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY THE COMPANY OR BY ME WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the President of Business Services Hawaii has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that Business Services Hawaii may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and may complete a post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. I also agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. I understand and agree that if offered employment by Business Services Hawaii, I may be required to disclose criminal conviction information in accordance with the law, and that any such employment offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by the Company.
- G. I understand and agree that if offered employment by Business Services Hawaii, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Business Services Hawaii of any agreements that would limit my ability to work for the Company.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Business Services Hawaii if I am employed by the Company.

Authorization/Signature of Applicant: _____ Date: _____

Print Name: _____