

Honolulu Office
445 Seaside Ave. #602
Honolulu, HI 96761



Maui Office
900 Front St. I-4
Lahaina, HI 96761

APPLICATION FOR EMPLOYMENT

ProPark Inc is committed to the principle of equal employment opportunity. Applicants for employment are considered without regard to race, religion, color, national origin, ancestry, age, sex, disability, sexual orientation, marital status, arrest and court record, veteran's status, or any other protected category under federal and state laws. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. Prospective hires are subject to a background check after an offer of employment is made, and must provide verification of identity and eligibility for employment in the United States. This employment application is valid for a three-month period after submission to the Company 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. Use additional paper if necessary to fully answer any question.

GENERAL INFORMATION

Date of Application _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____ Social Security No. _____ - _____ - _____

Cellular Phone (____) _____ Email Address _____

Position you are applying for:

- Have you ever used any other names? *(For background and criminal conviction check)* Yes___ No___
 If yes, please print _____
- If under 18 yrs old, can you provide a work permit? Yes___ No___
- Have you ever filed an application here before? Yes___ No___
 If yes, give date _____
- Have you ever been employed here before? Yes___ No___
 If yes, give date and reason for leaving _____
- Are you currently employed? Yes___ No___
 If yes, may we contact your employer? Yes___ No___
- Can you, upon employment, submit verification of your legal right to work in the United States? Yes___ No___
- Have you recently been laid off and may be recalled for work by your former employer? Yes___ No___
- Can you travel if a job requires? Yes___ No___
- When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Business, trade or Professional School				

Special Honors:

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COMPUTER SKILLS *(Only for positions that require computer skills)*

Check off those computer skills with which you are proficient (any version):

PC User Macintosh User Windows Microsoft Word Microsoft Excel

Other _____

DRIVER'S LICENSE *(Only for positions that require driving)*

Do you have a driver's license? Yes No If yes, can you drive a standard (stick shift) vehicle? Yes No

Driver's License No. _____ State of Issue _____ Expiration Date _____

Have you had any accidents during the past three years? Yes No How many? _____

OTHER SPECIAL SKILLS

Please list other special skills you have that are relevant to the position for which you are applying (e.g. fluency in other languages, licenses, special training, etc.)

AVAILABILITY *(Apart from absences for religious observances, will you be available for work at the following times?)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							
Nights (Graveyard)							

REFERENCES

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

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WORK EXPERIENCE

*Please list your work experience starting with your **current or most recent** job. Please account for the last ten years of employment. If you were self-employed, provide your company's name. Attach additional sheets if necessary.*

Current or Most Recent Employer Name	Dates Employed From _____ To _____
Address, City, State, Zip	Salary Start _____ End _____
Phone Number: _____ Supervisor: _____	Job Title
Reason for Leaving (Be Specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while working at this company.	

Employer Name	Dates Employed From _____ To _____
Address, City, State, Zip	Salary Start _____ End _____
Phone Number: _____ Supervisor: _____	Job Title
Reason for Leaving (Be Specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while working at this company.	

Employer Name	Dates Employed From _____ To _____
Address, City, State, Zip	Salary Start _____ End _____
Phone Number: _____ Supervisor: _____	Job Title
Reason for Leaving (Be Specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while working at this company.	

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CERTIFICATIONS

Please read each section carefully before signing. If not understood, seek competent legal advice.

AT-WILL EMPLOYMENT

I understand that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by the Company. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time by either myself or my employer with or without advance notice.

I also understand and agree that only the President of the Company has any authority to enter into an 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 source.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that a false answer, statement, or misleading omission made by me on this form or during my interview(s) shall be sufficient cause for denial of employment or discharge, regardless of how discovered.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I understand and agree that I may be required to submit to drug testing and a complete 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. Also, I 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.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand and agree that the Company 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.

I understand that passing a background check is a condition of employment. A negative background check can be grounds for dismissal even if an offer has been made to me and I have been hired.

CRIMINAL CONVICTION CHECK

I agree that the Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered. I further understand that if a period of incarceration was less than the sentence shown on my criminal conviction record, I may notify the Company and may provide the Company with documentary evidence of my early release.

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

Signature: _____

Date: _____

DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

AUTHORIZATION

I hereby acknowledge that the Company has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: _____

Date: _____