

Bioscape Hawaii

P.O. Box 6615
Kamuela HI 96743
PH:808-885-7000

Application for Employment

(please print)

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip code _____

Telephone Number _____ Email _____

Month & Day of Birth. _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full time Part time

Do you have transportation to and from work? Yes No

Do you have any physical or mental impairment that will interfere with your ability to do the essential tasks of the job for which you are applying?

Yes No

If yes, please explain _____

Have you been convicted of a felony within the last 7 years? Yes No
(conviction will not necessarily disqualify an applicant for employment)

If yes, please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:		From:	Starting pay rate
Address:		To:	Final pay rate
Telephone Number(s)		Work Performed	
Job Title:	Supervisor		
Reason for Leaving:			

Employer:		From:	Starting pay rate
Address:		To:	Final pay rate
Telephone Number(s)		Work Performed	
Job Title:	Supervisor		
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Job Title:	Supervisor		
Reason for Leaving:			

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

	Years Attended:	Did you Graduate?
High School:		
College/University		
Trade/Business/Correspondence School		
Subjects Studied		

APPLICANT'S STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Personnel Department Use Only

Notes:

Employed date: _____

Hourly rate: _____