



EMPLOYMENT APPLICATION

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative.

Please Print.

Today's Date: _____

GENERAL INFORMATION

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Home Telephone Number: (____) _____ Message Number: (____) _____

E-mail Address: _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applied For: _____

Do you want to work: Full-time Part-time Temporary

Specify days and hours available, if part-time: _____

Date available to start work: _____ Salary Expectations: _____

Have you applied for employment with this company within the last 12 months? Yes No

Have you ever worked for us before? Yes No

(Please provide your name of record at that time, job title and dates of employment)

An Equal Opportunity Employer

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination and reason for termination: _____

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

Yes No

EMPLOYMENT HISTORY

(Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the President of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company, which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all Company property must be returned and any indebtedness to the Company must be paid on or before my last day of work. I authorize the Company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Date

(Signature of Applicant)



Equal Employment Opportunity Form

Applicant Information

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

**Apartment/
Unit #**

City

State

ZIP Code

Home Phone: () _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan
- Asian
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Native Hawaiian/Pacific Islander
- Two or More Races
- Other

Gender

- Female
- Male

Military Service

- Pre-Vietnam Era
- Vietnam Era
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this position?

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other _____



DRUG AND/OR ALCOHOL TESTING

Employee/Applicant Name: (Last, First): _____

Reason for Test: Pre-Employment Probationary Random

Post Accident Reasonable Suspicion

Other _____

You are hereby notified that your continued employment with the Company is contingent upon your timely participation in a drug and/or alcohol test yielding negative results. Refusal to cooperate in required tests and/or positive test results are violations of Company policy and will result in immediate termination.

A picture ID must be presented at the clinic at the time of appointment.

Information and records relating to drug tests will be sent directly from the clinic to the HR Department and shall be kept confidential to the extent required by law and maintained in secure files separate from the personnel files.

ACKNOWLEDGEMENT

I understand that the identified test is required and if I refuse to sign this form or refuse to take the test identified, I may be subject to immediate termination.

Employee/Applicant Signature

Date



Good people are our Company's most important asset, and we are grateful to have over 300 amazing associates across Oahu, the Big Island, Maui, Washington, Utah and Texas. There are exciting things on the horizon for our company, and we would love to have more great people like you to help us get there. With your support, we can do it! To help in the effort, we have created an Employee Referral Program, which has been revised as of September 29, 2016.

Here's how it works:

- Associates, Supervisors, and Managers are eligible to participate in this program.
- Referrer must be currently employed at the time of the referral (i.e. an applicant cannot refer another applicant)
- Applicant/Referral must fill out the attached form and submit to Manager at time of application
- Rewards will be given as follows:
 - o \$100 per referral for all Islands and Mainland locations (see exceptions below)
 - o A Referrer can earn up to \$1,000 in rewards in a year
- Referrer and Referral must **both** successfully pass their 90-day evaluation periods and both must have worked at least 20 hours per month during that time in order for the reward to be distributed to the Referrer.
- Employees hired under the terms of temporary programs like those visiting with a J-1 Visa will be rewarded in the amount of \$50 per referral who successfully works at least 20 hours for at least two months.

To understand the requirements of your evaluation period, please speak to your Manager. The Payroll Department will keep track, and if currently employed the Referrer will be rewarded in a pay period following the Referral's evaluation period.

Thank you for helping to bring more good people to Ganir & Company! If you have questions or need additional information, please contact your Manager.

Today's Date: _____

Applicant's Name (Last, First): _____

Applicant's Estimated Start Date: (Ask Manager if unsure) _____

Applicant's Department: _____

Referrer's Name (Last, First): _____

Relationship to Referrer: _____

Referrer's Start Date (if known): _____

Referrer's Department: _____

Applicant's Signature: _____

FOR PAYROLL DEPARTMENT USE ONLY

Reward in pay period ending: _____

Amount of award: _____