



AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

To be considered for employment, this application must be filled out in its ENTIRETY.  
Resumes may be submitted to supplement a completed application for employment.

DATE OF APPLICATION: \_\_\_\_\_

### GENERAL INFORMATION

Position(s) applying for:		Desired Salary: \$
Last Name	First Name	Middle Name
Have you been employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what name?
Current Address		Apt No.
City	State	Zip Code
Phone Number:	Mobile Phone:	Email:

Are you at least 18 years of age?  Yes  No

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

Upon review of the job description, can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation?  Yes  No

Upon offer of employment, are you willing to participate in the Company's pre-employment screening process, which may include drug screening, background investigation and/or physical examination?  Yes  No

#### How did you learn about this job opportunity?

<input type="checkbox"/> Roberts Hawaii Career Website
<input type="checkbox"/> Online/Print Ad (Craigslist, Indeed, Newspaper, etc.) → Source Name: _____
<input type="checkbox"/> Job Fair → Specify fair name, date, location: _____
<input type="checkbox"/> Employee Referral → First & Last Name: _____
<input type="checkbox"/> Other (please explain) _____

### EDUCATION INFORMATION

<b>High School/GED</b>				
Did you receive a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			City:	State:
<b>College</b>				
Degree:	Major:	Institution Name:	City:	State:
<b>Trade/Vocational/Other</b>				
Course studied:		Institution Name:	City:	State:



APPLICANT NAME: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Have you been previously employed by Roberts Hawaii, Inc or its affiliates?  Yes  No

If yes, position held:	Start date:	End date:
Previous Location/Division/Department:		

Please provide information for all employment history for at least the last seven (7) years **beginning with most recent, current employer**. Attach separate sheet(s) if necessary.

Company Name:	Company Address:	
Job Title/Position:	Dates of Employment Start:	End:
Job Duties:		
Supervisor Name & Title:	Phone No.:	
Email Address:	Reason for leaving:	

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Job Title/Position:	Dates of Employment Start:	End:
Job Duties:		
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Job Duties:		
Supervisor Name & Title:	Phone No.:	
Email Address:	Reason for leaving:	

APPLICANT NAME: \_\_\_\_\_

**REFERENCES**

*Please provide information for three (3) professional references.*

Name/Relationship:	Email:	Phone No.:
Name/Relationship:	Email:	Phone No.:
Name/Relationship:	Email:	Phone No.:

**CERTIFICATION**

By signing below, I certify that all information made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered for employment, or if hired, am subject to discharge if I misrepresent, falsify, or omit information requested on this application, in my interview(s) or during the pre-employment evaluation. **This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.** §391.21(B)(12)

Further, I understand this application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I become 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. Roberts Hawaii, Inc. and its affiliates is an Equal Opportunity Employer with policies that prohibit illegal discrimination in employment on the basis of race, color, creed, religion, sex, sexual orientation, national origin, age, marital status, physical or mental disability, medical condition, veteran status, or any other class protected by law. I further understand, if hired, I will be required to present documentation proving my eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.

I authorize Roberts Hawaii Inc. and its agents to request any information and records concerning me, including but not limited to consumer credit, criminal history, driving, employment, military, civil and educational data and reports, from any present or previous employers (unless expressly stated), consumer reporting agencies, licensing and law enforcement agencies, courts and other entities. Further, if I become employed by Roberts Hawaii, Inc. and any of its affiliates, I agree to submit to employment-related medical examinations, when reasonable and necessary, at the request and expense of the company. In exchange for the Company's consideration of my application for employment, I hereby release Roberts Hawaii, Inc. and its affiliates of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Application Date