



Protecting our oceans through science and advocacy

300 Ma'alaea Rd., Ste 211, Wailuku, HI 96793 • Phone 1-800-942-5311 • Fax (Confidential) 1-808-856-8363

APPLICATION FOR EMPLOYMENT

Pacific Whale Foundation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Company.

NOTE: WE CONDUCT REFERENCE CHECKS, BACKGROUND SCREENS AND DRUG TESTS AS CONDITION OF EMPLOYMENT

APPLICATIONS WHICH ARE INCOMPLETE OR ILLEGIBLE OR APPLICATIONS WHICH ARE ACCOMPANIED BY A PHOTO OR ANY PERSONAL INFORMATION THAT HAS NOT BEEN REQUESTED WITHIN THIS FORM WILL NOT BE ACCEPTED

It is the policy of the Pacific Whale Foundation, hereinafter called the "Company", to hire only U.S. citizens and aliens who are authorized to work in this country. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work as established in the U.S. Immigration and Naturalization Service's Form I-9

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone () _____ Email Address _____

Position applied for _____ Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Are you able to perform all the essential duties of the position with or without accommodation/s? No Yes

Salary requirements? _____

Is there a limit to the number of hours you can work per week? _____ Are you available to work evenings until 9pm? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

If hired, when are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

DO YOU KNOW ANYONE PRESENTLY WORKING FOR OUR COMPANY? No Yes

If yes, please list name(s), _____

HAVE YOU EVER BEEN EMPLOYED BY PACIFIC WHALE FOUNDATION? No Yes

Work Experience

Please list your previous work experience beginning with your current or most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates	
		From To	
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates	
		From To	
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates	
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	Your last job title		
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I, _____

** hereby do _____ do not _____ authorize Pacific Whale foundation to contact my current or past employers for Employment and Reference Verifications. This will authorize immediate inquiries to The Human Resource Department or any listed supervisors or reference you have provided on this application.

PLEASE READ CAREFULLY

MEDICAL INFORMATION: After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination or drug test at an individual's expense, by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Once hired the employee may submit for reimbursement of the examination cost as long as the result was "negative". "Positive and dilute negatives" will not be reimbursed. Employees, at any time during the course of their employment, may be required to undergo a medical or drug examination at the Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Applicant's Initials

In exchange for the consideration of my job application by the Company, I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

Applicant's Initials

BACKGROUND CHECK: After an offer of employment is made, but before employment duties begin, applicants will be required to undergo a comprehensive background check at the Company's expense. I understand that The Company may withdraw the job offer based on the results only as permitted by state and federal laws.

Applicant's Initials

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further I understand that my misrepresentation or omission made herein, when discovered, may eliminate me from consideration for employment or if already employed will subject me to discharge. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers 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 credit record, work history, education, character, reputation and background.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am 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.

Printed Name

Signature of Applicant

Date