



EMPLOYMENT APPLICATION

Today's Date _____ Social Security Number ____ - ____ - _____ Wage desired _____
 Salutation _____ First Name _____ M.I. _____ Last Name _____
 Current Mailing Address _____ City _____ ST _____ Zip Code _____
 Home Telephone _____ Cellular _____ email _____
 Emergency Contact _____ Phone _____ Referred by _____
 Position applying for _____ Temporary Permanent Contract
 Able to legally work in the US? Yes No Able to lift? No Lifting 25lbs 50lbs 75lbs 100lbs
 Valid Drivers License? Yes No Class _____ State _____ Have reliable transportation available to you? Yes No

LOCATIONS YOU WILL ACCEPT EMPLOYMENT

- | | | |
|--|--|---|
| <p><u>MAUI COUNTY</u>
 <input type="checkbox"/>Ha'ikū
 <input type="checkbox"/>Hāna
 <input type="checkbox"/>Ho'olehua
 <input type="checkbox"/>Kaho'olawe
 <input type="checkbox"/>Kahului
 <input type="checkbox"/>Kalaupapa
 <input type="checkbox"/>Kaunakakai
 <input type="checkbox"/>Kihei
 <input type="checkbox"/>Kualapu'u
 <input type="checkbox"/>Kula
 <input type="checkbox"/>Lahaina
 <input type="checkbox"/>Lāna'i City
 <input type="checkbox"/>Makawao
 <input type="checkbox"/>Maunaloa
 <input type="checkbox"/>Pā'ia
 <input type="checkbox"/>Pukalani
 <input type="checkbox"/>Pu'unēnē
 <input type="checkbox"/>Wailuku</p> | <p><u>O'AHU</u>
 <input type="checkbox"/>Aiea
 <input type="checkbox"/>Ewa Beach
 <input type="checkbox"/>Haleiwa
 <input type="checkbox"/>Hau'ula
 <input type="checkbox"/>Hawai'i Kai
 <input type="checkbox"/>Honolulu
 <input type="checkbox"/>Ka'a'awa
 <input type="checkbox"/>Kahuku
 <input type="checkbox"/>Kailua
 <input type="checkbox"/>Kāne'ohe
 <input type="checkbox"/>Kapālama
 <input type="checkbox"/>Kapolei
 <input type="checkbox"/>Kunia
 <input type="checkbox"/>Lā'ie
 <input type="checkbox"/>Makiki
 <input type="checkbox"/>Mililani
 <input type="checkbox"/>Pearl City
 <input type="checkbox"/>Wahiawā
 <input type="checkbox"/>Wai'ālae Kāhala
 <input type="checkbox"/>Waialuā</p> | <p><input type="checkbox"/>Wai'anae
 <input type="checkbox"/>Waikīkī
 <input type="checkbox"/>Waimānalo
 <input type="checkbox"/>Waipahu

 <u>KAUAI</u>
 <input type="checkbox"/>Anahola
 <input type="checkbox"/>Ele'ele
 <input type="checkbox"/>Hanalei
 <input type="checkbox"/>Hanamā'ulu
 <input type="checkbox"/>Hanapēpē
 <input type="checkbox"/>Kalāheo
 <input type="checkbox"/>Kapa'a
 <input type="checkbox"/>Kaumakani
 <input type="checkbox"/>Keālia
 <input type="checkbox"/>Kekaha
 <input type="checkbox"/>Kīlauea
 <input type="checkbox"/>Kōloa
 <input type="checkbox"/>Lāwa'i
 <input type="checkbox"/>Līhu'e
 <input type="checkbox"/>Makaweli</p> |
| | | <p><input type="checkbox"/>Princeville
 <input type="checkbox"/>Waimea

 <u>HAWAII</u>
 <input type="checkbox"/>Captain Cook
 <input type="checkbox"/>Hakalau
 <input type="checkbox"/>Hawai'i National
 Park
 <input type="checkbox"/>Hāwī
 <input type="checkbox"/>Hilo
 <input type="checkbox"/>Hōlualoa
 <input type="checkbox"/>Hōnaunau
 <input type="checkbox"/>Honoka'a
 <input type="checkbox"/>Honomū
 <input type="checkbox"/>Kailua-Kona
 <input type="checkbox"/>Kamuela
 <input type="checkbox"/>Kapa'au
 <input type="checkbox"/>Kea'au
 <input type="checkbox"/>Kealakekua
 <input type="checkbox"/>Keauhou
 <input type="checkbox"/>Kurtistown</p> |
| | | <p><input type="checkbox"/>Laupāhoehoe
 <input type="checkbox"/>Mountain View
 <input type="checkbox"/>Nā'ālehu
 <input type="checkbox"/>Nīnole
 <input type="checkbox"/>Ocean View
 <input type="checkbox"/>O'ōkala
 <input type="checkbox"/>Pā'auhau
 <input type="checkbox"/>Pa'auilo
 <input type="checkbox"/>Pāhala
 <input type="checkbox"/>Pāhoa
 <input type="checkbox"/>Pāpa'aloa
 <input type="checkbox"/>Pāpa'ikou
 <input type="checkbox"/>Pepe'ekeo
 <input type="checkbox"/>Volcano
 <input type="checkbox"/>Waikoloa

 <input type="checkbox"/>Out of State
 <input type="checkbox"/>International</p> |

AVAILABILITY: DAYS AND TIMES

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Date Available _____

EDUCATION

High School Diploma or GED? Yes No School Attended _____ School Location _____
 College Degree Yes No College Attended _____ College Location _____
 Major _____ Minor _____
 Additional Schooling or Training _____
 Language(s) spoken other than English _____

PLEASE SHARE SOME INFORMATION ABOUT YOURSELF

I Work my best when _____
 I am unable to work under the following conditions _____
 My DREAM job would be _____

THE FOLLOWING SIX WORDS BEST DESCRIBE MY WORK HABITS

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

PLEASE CHECK ALL THAT APPLY TO YOUR ACTUAL JOB EXPERIENCE

CLERICAL

- Typing WPM _____
- 10 Key KSPM _____
- Dictation WPM _____
- Stenography WPM _____
- Accounting
- Accounts Payable
- Accounts Receivable
- Admin Asst.
- Accounts Payable
- Accounts Receivable
- Administrative Assistant
- Auditing
- Bookkeeping

RETAIL

- Buyer
- Cash/Credit Handling
- Customer Service
- Inventory Management
- Loss Prevention
- Merchandising
- Ordering/Receiving
- Stock Handling
- Store Management

COMPUTER O/S

- BSD/OS
- IBM OS/2 Warp
- Linux
- Mac OS
- MS-DOS
- MS Windows
- UNIX
- Sun Solaris
- Other _____
- Other _____

SOFTWARE APPLICATIONS

- CAD/CAM
- Filemaker
- Lotus

- MS Access
- MS Excel
- MS Publisher
- MS Word
- Pagemaker
- Peachtree
- Photoshop
- QuickBooks

FOODSERVICE

- Bartending
- Cooking
- Dishwashing
- Food Preparation
- Host/Hostess
- Restaurant Management
- Wait Help

TECHNICAL

- Architecture
- Cable/Satellite
- Computer Administration
- Computer Program
- Computer Repair
- Drafting
- Engineering
- Electronic Manufacturing
- Fiber Optics
- Network Installation
- Photovoltaics

INDUSTRIAL

- A/C & HVAC
- Carpentry: General
- Carpentry: Finishing
- Carpentry: Framing
- Carpet/Vinyl Installation
- Electrical
- Electrostatic Painting
- Farming
- General Laboring
- Glass/Windows

- Have Own Tools
- Janitorial
- Landscaping
- Masonry
- Mechanic: Auto
- Mechanic: Diesel
- Metalworking
- Painting
- Plastering
- Plumbing
- Read Blueprints
- Roofing
- Sandblasting
- Surveying
- Tiling
- Traffic Control
- Welding

SPECIALTY LABOR

- CDL License
- Class _____ Restr _____ End _____
- Clear Abstract? Yes No
- Certified?
- Backhoe Yes No
- Bulldozer Yes No
- Excavator Yes No
- Forklift Yes No
- Loader Yes No
- Pipelayer Yes No
- Tractor Yes No
- Trencher Yes No

HOSPITALITY

- Baggage Handling
- Groundskeeping
- Guest Transportation
- Hotel Management
- Housekeeping
- Reservations
- Vehicle Rentals

EMPLOYER REFERENCES

Company _____	Job Title _____	Supervisor _____
Salary/Wage _____	Phone _____	Dates Employed _____ to _____ Reason for leaving _____
Company _____	Job Title _____	Supervisor _____
Salary/Wage _____	Phone _____	Dates Employed _____ to _____ Reason for leaving _____
Company _____	Job Title _____	Supervisor _____
Salary/Wage _____	Phone _____	Dates Employed _____ to _____ Reason for leaving _____
Company _____	Job Title _____	Supervisor _____
Salary/Wage _____	Phone _____	Dates Employed _____ to _____ Reason for leaving _____

I, the undersigned person, do hereby testify that the information completed on this application is true and correct to the best of my knowledge and that all forms of identification I have provided are legitimate. I hereby authorize Akamai Employment services, hereafter referred to as AEA and / or its clients to verify any or all information including credit status, criminal history and drivers abstracts if requested by clients of AEA. I understand that AEA is an equal opportunity employer and my Federal and State rights are protected. In the event I am selected for an assignment or placement, I understand that all information I receive regarding Client information is to be held as confidential. I understand that I am to notify AEA Management offices of any changes in my schedule, addresses, telephone numbers or employability status. Also, if any client of theirs contacts me directly without AEA's knowledge. I hereby agree to follow all safety and information procedures listed by AEA as provided to me in their Employee Handbook. During the course of any employment by AEA. I agree to indemnify them for any liability that results in any willful action I take that is contrary to the guidelines provided to me in the Employees Handbook. In the event I sustain any kind of injury while working for AEA. I hereby authorize AEA and or it's agent to post accident drug screen at their discretion.

Print Name: _____ Signature : _____ Date : _____

Witnessed by : _____