

MAUI DIVERS OF HAWAII

APPLICATION FOR EMPLOYMENT

Tour	_____
Reid	_____
Refs	_____
Emp.	_____
CC:	_____
Int:	_____
Int:	_____
Int:	_____

1. I understand and agree that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. I understand that the company will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I understand that the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I understand that my employment may be terminated by this company at any time without liability for wages or salary except as may have been earned as of the date of such termination. If requested by the management at any time, I agree to submit to the search of my person or any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical examination, at company expense, at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job I am being considered for prior to employment or in the future during my employment, including drug testing.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating schedule, or a schedule other than Monday to Friday. I understand and accept these as conditions of my continuing employment.
5. I agree to take, at company expense, such security/integrity tests that may be deemed necessary by management prior to employment and as a condition to my continued employment.
6. I understand that this is an application for employment and that no employment contract is being offered.
7. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.

I have read and understand the above.

Signature: _____ Date: _____

Position applying for: _____ Referred by: _____

Salary Expectation: _____

GENERAL INFORMATION *(Please print)*

Legal Name: _____

Last Name

First Name

Middle Name

Phone Number: _____ Pager Number: _____ Other Number: _____

Other names you have used while employed: _____ SS# _____

Your nickname or name you like to be called other than your legal name: _____

Address: _____

and Street

Apt. #

City

Zip

EMPLOYMENT HISTORY

If you are currently employed, do you give us permission to call your current employer? Yes No

List all jobs (full or part time and self employment). If there is any gap between employment of 1 month or more, please explain.

1	mm/dd/yyyy	mm/dd/yyyy		
Date Started _____ Date Left _____ Type of Business _____				
Name of Last/Current Employer _____ Business Phone _____				
Address _____ City _____ State _____ Zip _____				
Starting Salary _____ Final Salary _____ Job Title _____ Full Time <input type="checkbox"/>				
Name of Supervisor _____ Job Description _____ Part Time <input type="checkbox"/>				
Were you fired? Yes <input type="checkbox"/> No <input type="checkbox"/> Reasons for changing job: _____				
If there is a gap of one month or longer in between jobs you must list the reason for the gap here: _____ _____				

2	mm/dd/yyyy	mm/dd/yyyy		
Date Started _____ Date Left _____ Type of Business _____				
Name of Last/Current Employer _____ Business Phone _____				
Address _____ City _____ State _____ Zip _____				
Starting Salary _____ Final Salary _____ Job Title _____ Full Time <input type="checkbox"/>				
Name of Supervisor _____ Job Description _____ Part Time <input type="checkbox"/>				
Were you fired? Yes <input type="checkbox"/> No <input type="checkbox"/> Reasons for changing job: _____				
If there is a gap of one month or longer in between jobs you must list the reason for the gap here: _____ _____				

3	mm/dd/yyyy	mm/dd/yyyy		
Date Started _____ Date Left _____ Type of Business _____				
Name of Last/Current Employer _____ Business Phone _____				
Address _____ City _____ State _____ Zip _____				
Starting Salary _____ Final Salary _____ Job Title _____ Full Time <input type="checkbox"/>				
Name of Supervisor _____ Job Description _____ Part Time <input type="checkbox"/>				
Were you fired? Yes <input type="checkbox"/> No <input type="checkbox"/> Reasons for changing job: _____				
If there is a gap of one month or longer in between jobs you must list the reason for the gap here: _____ _____				

EDUCATION

	Name of School	Location	# of Years	Grade	Degree
Elementary					
Intermediate					
High School					
College					
Other (Trade School)					

U.S. MILITARY SERVICE

Branch of Service _____ Rank on Separation _____ Years Separated _____

OTHER

Do you have a valid Driver's License? Yes No State _____ Expires _____

Do you have a car? Yes No Year _____ Model _____

Do you know anyone presently working in our company? Yes No

If yes, who? _____

LANGUAGES

If required by the position, languages you can speak, read, or write: (F = Fluent / C = Conversational)

French _____ Japanese _____ Chinese _____ German _____ Spanish _____ Korean _____ Other _____

OFFICE SKILLS

Business machines you can operate:

Typing speed _____ Ten Key (calculator) by: Touch _____ Sight _____

DAYS and TIMES YOU CAN WORK

Work hours can be anywhere between 6:30 a.m. and midnight, depending on the position.

List the hours you are able to work for each day of the week listed below.

Starting Time: Earliest time you can start that day

Ending Time: Latest time you can work that day

Days of the week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Starting Time:							
Ending Time:							

PERSONAL REFERENCES

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____