

APPLICATION FOR EMPLOYMENT

Local Motion

870 Kawaiahao St.
Honolulu, Hi. 96813

Date: _____

Job or type of work you are applying for _____

GENERAL INFORMATION

Name: _____

Address: _____ Telephone No. _____

Are you a minor? _____ *Citizen of U.S.? _____ If no, do you have a green card? _____ No. of years lived in Hawaii? _____

Social Security No.: _____ Driver's License No. _____

Person to notify in case of emergency: _____

Address: _____ Telephone No.: _____

Are you employed at present? _____ Date you can start: _____ Salary desired: _____

*This question may not be asked in State prohibiting same.

PREVIOUS EMPLOYMENT (List last 3 employers you worked for)

Name of employer: _____

Address: _____ Type of Business: _____

Name of immediate supervisor: _____

Duties: _____ Wage rate: \$ _____

Date started: _____ Date left: _____

Reason for leaving: _____

Name of employer: _____

Address: _____ Type of Business: _____

Name of immediate supervisor: _____

Duties: _____ Wage rate: \$ _____

Date started: _____ Date left: _____

Reason for leaving: _____

Name of employer: _____

Address: _____ Type of Business: _____

Name of immediate supervisor: _____

Duties: _____ Wage rate: \$ _____

Date started: _____ Date left: _____

Reason for leaving: _____

REFERENCES (Not relatives):

Name	Telephone No.	Occupation	Years Acquainted
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EDUCATION

	Name of School	Location	Years Completed	Did you Graduate?	Degrees
Grammar School	_____	_____	_____	_____	_____
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other (Trade School, etc.)	_____	_____	_____	_____	_____

MEDICAL INFORMATION

Do you have any illness which may interfere with the performance of your duty? _____

If any, list: _____

Do you have any physical conditions or illnesses which may interfere with your duties on the job for which you are applying? If Yes, describe and explain.

MILITARY SERVICE

Branch of service in which you served: _____ From: _____ to: _____ Year separated: _____

Type of discharge: _____ Reserve status: _____ Draft status: _____

Serial or service number: _____

OTHER

Have you ever been employed by Local Motion before? _____ When? _____ What was your position? _____

Do you know anyone presently working for Local Motion? _____ If so, Who? _____

Have you ever been convicted of a crime which has a substantial relationship to the functions and responsibilities of the position for which you are applying? If Yes, explain.

Have you ever drawn disability compensation or benefits for a disability which may interfere with your duties on the job for which you are applying? If Yes, explain.

You will not be eliminated from consideration unless such conviction is determined to have a substantial relationship to the functions and responsibilities of the position for which you are applying.

LANGUAGE SKILLS

Do you speak any foreign languages that may be useful to your duties?

Language	Skill level
_____	_____
_____	_____
_____	_____

I certify that all statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient ground for discharge. I also authorize any investigation of the above information for purposes of verification.

Date of application

Signature of Applicant