



# MAUNA LANI RESORT

Thank you for your interest in our Company. The information on this application is requested in order to help us make the best possible placement within this company. All portions of this application pertaining to you must be complete. We appreciate the time you spend completing this application. However, please be aware that the completion of this application in no way guarantees you a position with the Company. The Company, in accordance with state and federal laws, does not discriminate on the basis of age, race, sex (including gender expression or identity), religion, color, national origin, ancestry, marital status, citizenship, disability, genetic information, status as a victim of domestic or sexual violence, credit history, sexual orientation, arrest and court record, or any other characteristics protected under state and federal laws. The Company will not refuse to hire a more qualified disabled applicant who is capable of performing all of the essential functions of the job with or without reasonable accommodation. Applicants requiring accommodation in the interview process should contact the Human Resources Office. This application for employment is valid for a three-month period after submission to the Company and only for the position(s) applied.

### POSITIONS DESIRED:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

## PERSONAL & CONFIDENTIAL

TODAY'S DATE: \_\_\_\_\_ WAGE/SALARY DESIRED: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                     |  |                     |  |                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|--------------------|--|
| APART FROM ABSENCES FOR RELIGIOUS OBSERVANCES,<br>I CAN WORK ANY OF THE DAYS CHECKED:<br><input type="checkbox"/> Sunday <input type="checkbox"/> Thursday<br><input type="checkbox"/> Monday <input type="checkbox"/> Friday<br><input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday<br><input type="checkbox"/> Wednesday |  | APART FROM ABSENCES FOR RELIGIOUS OBSERVANCES,<br>I CAN WORK ANY OF THE HOURS CHECKED:<br><input type="checkbox"/> 6 am to 2 pm <input type="checkbox"/> 3 pm to 11 pm<br><input type="checkbox"/> 8 am to 4 pm <input type="checkbox"/> 5 pm to 1 am<br><input type="checkbox"/> 10 am to 6 pm <input type="checkbox"/> 10 pm to 6 am |  | I WILL ACCEPT:<br><input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Casual<br><input type="checkbox"/> Temporary |  |                     |  |                    |  |
| LAST NAME                                                                                                                                                                                                                                                                                                                                 |  | FIRST NAME                                                                                                                                                                                                                                                                                                                             |  | MI                                                                                                                                                                  |  | SOCIAL SECURITY NO. |  | LAST 4 DIGITS ONLY |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                   |  | CITY                                                                                                                                                                                                                                                                                                                                   |  | ZIP                                                                                                                                                                 |  | HOME PHONE          |  | OTHER PHONE        |  |
| IN CASE OF EMERGENCY NOTIFY                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                        |  | ADDRESS                                                                                                                                                             |  | PHONE               |  |                    |  |
| FOR PURPOSE OF REFERENCE CHECKS, WERE YOU EVER KNOWN BY ANOTHER NAME? IF YES, PLEASE STATE:                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                     |  |                     |  |                    |  |
| YOUR EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                     |  |                     |  |                    |  |

How did you learn about us?

- Advertisement
- Friend
- Walk-in
- Employment Agency
- Relative
- Other
- Employee Referral (Full name of employee) \_\_\_\_\_

Do you have friends or relatives working for Mauna Lani? If yes, who? \_\_\_\_\_

Have you completed an application here before?     Yes     No    If yes, give date(s): \_\_\_\_\_

Have you ever been employed here before?     Yes     No    If yes, give date(s): \_\_\_\_\_



## EDUCATION AND TRAINING

| TYPE OF SCHOOL     | NAME / LOCATION | NO. OF YEARS ATTENDED | DID YOU GRADUATE? |
|--------------------|-----------------|-----------------------|-------------------|
| HIGH SCHOOL        |                 |                       |                   |
| COLLEGE/UNIVERSITY |                 |                       |                   |
| GRADUATE SCHOOL    |                 |                       |                   |
| SPECIAL TRAINING   |                 |                       |                   |

SPECIALIZED SKILLS: (Professional, technical, trade, etc., including licenses, certificates, and/or diplomas that are relevant to the position(s) desired.)

JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS: (Summarize your job skills, training and/or study that are relevant to the position desired. In addition, explain any periods that you were not working. Use additional paper if necessary).

## REFERENCES

**GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, AND NOT PREVIOUS EMPLOYERS, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

| NAME | ADDRESS | AFFILIATION | PHONE | YEARS ACQUAINTED |
|------|---------|-------------|-------|------------------|
|      |         |             |       |                  |
|      |         |             |       |                  |
|      |         |             |       |                  |

**CERTIFICATION**  
*PLEASE READ CAREFULLY BEFORE SIGNING*

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, may result in disqualification from further consideration or dismissal from employment.
- B. It is the policy of this Company to hire only U.S. Citizens and aliens who are authorized to work in the United States. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form 1-9.
- C. If employed, I agree to conform to the guidelines and policies of the Company. For positions not covered under the collective bargaining agreement, I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.** I understand and agree that only the President of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. **I agree that such an agreement must be in writing and signed by the President and me, and I will not rely upon anything else.**
- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that, after an offer of employment is made but before employment begins, I may be required to submit to drug testing and/or undergo a medical examination as part of my application for employment at Company expense and by a Company-chosen physician. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. **The Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment to me. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.**
- G. Business needs may at any time make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment.
- H. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
- I. This application for employment is valid for a three-month period after submission to the Company and only for the position(s) applied. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

**Authorization / Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_