



Start Date: _____
**** For Management Use Only ****

APPLICATION FOR EMPLOYMENT

Name: _____ (___Male) (___Female)

Date you are available for work: _____

Mailing Address : _____

Home Phone: _____ Cell Phone: _____ Other: _____

Date of Birth: _____ Social Security No.: _____

Are you authorized to work in the United States: Yes / No
If no, Visa Classification : _____

Position Applying for: _____ Salary Desired: _____
Do you have a driver's license: Yes / No

Position/Job Descriptions:
Do you currently have any work restrictions? If yes, please
Explain: _____

Do you have any allergies? If yes, please list them:

Do you have any medical or physical conditions that may restrict you from doing any physical
labor as defined in your position/job description? If yes, please explain:

Are you able to lift at least 20lbs? Yes _____ No _____
Are you able to lift and squat? Yes _____ No _____
Are you able to do repetitive bending/twisting? Yes _____ No _____

Work Experience (Within the past 2 years beginning with your most recent job held)

Name of Employer: _____
Address: _____ Phone: _____
Supervisor: _____ Job Title: _____
May we contact the employer: ___ Yes ___ No Rate of Pay: _____
Start Date: _____ End Date: _____
Reason for leaving (be specific): _____

Name of Employer: _____
Address: _____ Phone: _____
Supervisor: _____ Job Title: _____
May we contact the employer: ____ Yes ____ No Rate of Pay: _____
Start Date: _____ End Date: _____
Reason for leaving (be specific): _____

Please list two (2) references not related to you:

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Person to contact in case of Emergency:

Name: _____ Relationship: _____
Mailing Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____

I certify that the above information is accurate. I understand that all legal documentation and pre-employment screening must be met prior to starting work.

Signature: _____ Date: _____
Print Name: _____

For more information, please call: Office: (808) 337-1213 Fax: (808) 337-1916
Mailing: P.O. Box 874, Kekaha, HI 96752 / Physical: 9555 Kaunualii Hwy, Suite 102, Kaua'i, HI 96796
Website: www.globalagservices.net