

# EMPLOYMENT APPLICATION FORM

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**  
**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**  
 PLEASE COMPLETE PAGES 1-4.

Name: Last		First	Middle	Maiden	Date:
Address: Number		Street	City	State	Zip
How Long:		Social Security Number:		Phone:	
If Under 18, Please List Age:		Position Applied For:		Salary Desired:	
Days/Hours Available to Work: No Preference _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____					
How many hours can you work weekly?		Can you work nights?		Employment Desired: FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL OR PART-TIME _____	
When available for work?					

## EDUCATION & OTHER INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				

## OFFICE EXPERIENCES

Typing: _____ Yes _____ No _____ WPM	10-key: _____ Yes _____ No	Word Processing: _____ Yes _____ No _____ WPM	Personal Computer: _____ Yes _____ PC _____ No _____ Mac
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Other Skills:

**Please list two references other than relatives or previous employers.**

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

**An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.**


## WORK EXPERIENCE

1. Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final::
Phone Number:	Your Last Job Title:		

Reason for Leaving (be specific):

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

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2. Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final::
Phone Number:	Your Last Job Title:		

Reason for Leaving (be specific):

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

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3. Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final::
Phone Number:	Your Last Job Title:		

Reason for Leaving (be specific):

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

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May we contact your present employer? _____ Yes _____ No	Did you complete this application yourself? _____ Yes _____ No
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If not, who did?

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Mastercare, Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Mastercare, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Mastercare may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of one hundred eighty (180) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at-will with or without reason by either party. If I am hired I will be a temporary worker and the company will be acting as my employment agency only. I agree that the company incurs substantial recruiting, screening, administrative, workplace client contract service agreement, marketing and establishing business in connection with assigned personnel. I also agree that I shall always abide by the company policies, procedures, and not to break confidentiality, non-compete agreement, non-disclosure agreement, disclosing business secret, and directly or indirectly competing same products and services for the period of 4 years after the last day of work recorded on the time card.

**SIGNATURE OF APPLICANT**

**DATE:**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height: Feet _____ Inches _____	Weight:	Birth Date:	
Married: Yes _____ No _____	If Married, How Long?	Single _____ Separated _____ Divorce _____ Widowed _____	
Full Name of Spouse:	Spouse Occupation:		
Name of Company:	Telephone:		
<b>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>			
Name:	Telephone:		
Address:	Relationship:		
<b>FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS</b>			
Name:	Relationship:	Birth Date:	Social Security Number:
<b>TO BE COMPLETED BY EMPLOYER</b>			
Date of Employment:	Job Title:	Department:	
Location:	Rate of Pay:	FULL-TIME _____ PART-TIME _____ SALARIED _____	
Applicant's Signature Acknowledging Above Information:			
Drug Test Confirmation Number:			
Name of Person Verifying Information:			
Name of Person Authorizing Employment:			

**EMPLOYMENT REFERENCE INVESTIGATION AUTHORIZATION**

I, \_\_\_\_\_, Social Security Number: \_\_\_\_\_, do hereby authorize Mastercare, Inc. to conduct an investigation concerning my employment reference. I also authorize any and all of my past and present employers to furnish any and all information concerning my employment or back with them to Mastercare, Inc. I understand that pursuant to Job Background Liability Act, S.B. No. 3088 amending Chapter 663 of the Hawaii Revised Statutes, any employer that provides to prospective employer information or opinion about my job performance is presumed to be acting in good faith and is immune from liability for disclosure. I hereby release and forever discharge any all of my previous employers, their officers, agents, servants, and employees from any and all causes of action, claims or legal action arising from the furnishing of this information to Mastercare, Inc. I similarly release all other persons contacted by Mastercare, Inc., who furnish information as part of this reference investigation. I further agree to hold harmless and release Mastercare, Inc., its officers, employees and agents from liability under any and all possible causes of legal action for any statements, acts or omissions in the course of their investigation in verifying my employment reference.

A reproduction of this Authorization shall be, for all intents and purposes, as valid and original.

Employee's Signature / Title	Date
Employer's Signature / Title	Date

**EMPLOYMENT VERIFICATION REQUEST**

TO: Human Resources  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_

To Whom It May Concern:

The following person is applying for employment. Attached is a copy of the signed release authorization. Your cooperation in providing the following information will be greatly appreciated.

*Please check Yes or No if provided information is correct.*

Applicant's Name		Yes [ ] No [ ]
Social Security Number		Yes [ ] No [ ]
Date of Birth		Yes [ ] No [ ]
Employer's Name		Yes [ ] No [ ]
What is your firm's line of business?		Yes [ ] No [ ]
Dates Employed	From: _____ To: _____	Yes [ ] No [ ]
Position		Yes [ ] No [ ]
What was the position type	<input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time?	Yes [ ] No [ ]
Salary/Last Pay per hour		Yes [ ] No [ ]
Reason for leaving		Yes [ ] No [ ]
Describe his/her duties		
Is the applicant eligible for rehire?		

I assure, that any information you supply about this applicant will be held in strict confidence. If there is ever an opportunity for me to reciprocate, I will be pleased to do so. Please reply on or before \_\_\_\_\_.

Thank you for your time and cooperation.

<b>INFORMATION PROVIDED BY</b>	Name: _____
Date: _____	Position: _____

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE ABOVE NUMBER & FAX THIS FORM BACK TO OUR OFFICE. THANK YOU.**

## CRIMINAL HISTORY POLICY

It is a policy of Mastercare, Inc. to conduct Criminal History and Background checks on existing and newly hired individuals, as required by the State of Hawaii.

If notice is received and no criminal history record, this notice is to be maintained and file in your record and no further action is necessary. If notice is received showing that there is a criminal history record that prohibits employment, Mastercare, Inc. will take appropriate employment action.

I, \_\_\_\_\_ have read and understand  
(Print Name)  
the above policy on Criminal History. I agree to abide by this policy.

\_\_\_\_\_  
Employee's Signature / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature / Title

\_\_\_\_\_  
Date