



505 Ward Avenue, Suite 202
 Honolulu, Hawaii 96814
 Tel: (808) 839-7222 | Fax: (808) 839-4455
 Email: info@gotoetc.com

APPLICATION FOR EMPLOYMENT

DATE:
JOB/POSITION YOU ARE APPLYING FOR (REQUIRED):

I) GENERAL INFORMATION

Name:		Home Phone:	
Address:		Cellular Phone:	
City:	State:	Zip:	Email:
How were you referred to this company?			
Have you previously applied for a job here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate date and position?			
Are you available to work any shift, any day of the week (including weekends and holidays), and at any locations to which you may be assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when/where and why?			
Do you have a valid driver's license, personal vehicle & automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 I-9.			
Do you know anyone presently working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is their name and relationship to you?			

II) EDUCATION

	Name of School	Location	Number of Years	Field of Study	Degree	Ave. Grades
High School:						
College:						
Other:						

III) REFERENCES (NOT RELATIVES)

Name:	Occupation:	Company:
Address:	Phone:	Email:
Name:	Occupation:	Company:
Address:	Phone:	Email:
Name:	Occupation:	Company:
Address:	Phone:	Email:



APPLICATION FOR EMPLOYMENT

IV) EMPLOYMENT HISTORY

Start with the most recent list of all previous employers. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if necessary, following the same format.

Employer Name:	Position Title / Duties:	Dates Employed	
Address:		From	To
City, State, Zip:		Reason for Leaving:	
Supervisor Name:			
Phone:			
Employer Name:	Position Title / Duties:	Dates Employed	
Address:		From	To
City, State, Zip:		Reason for Leaving:	
Supervisor Name:			
Phone:			
Employer Name:	Position Title / Duties:	Dates Employed	
Address:		From	To
City, State, Zip:		Reason for Leaving:	
Supervisor Name:			
Phone:			
Employer Name:	Position Title / Duties:	Dates Employed	
Address:		From	To
City, State, Zip:		Reason for Leaving:	
Supervisor Name:			
Phone:			

Have you ever been fired or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
List any other qualifications, training, experience, or equipment you can operate which may be applicable to this job:

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission, when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience education, or reputation information for the purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or EnviroServices & Training Center, LLC, with or without cause or reason and with or without notice.

I further understand that no representation of the company, other than the Member/Manager has any authority to enter into any agreement for employment for a specified period of time or to modify any terms and conditions of my employment.

Date

Authorization Signature of Applicant