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## 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:



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

Have you ever been fired or asked to resign?     Yes     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

I have read and agree to the terms and conditions on this form.