



**Hawaii Foodbank Inc.**  
 2611 Kilihau Street Honolulu, HI 96819  
 Phone (808) 836-3600 www.hawaiifoodbank.org

## APPLICATION FOR EMPLOYMENT

The following information is requested in order to help the Hawaii Foodbank, Inc. (hereafter the Company) make the best possible placement for the candidate. All portions of this application pertaining to you must be completed. The Company appreciates 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. Please do not include information regarding race, color, religion, national origin, sex, age, marital status, disability, or sexual orientation. The Company, in accordance with state and federal laws, does not discriminate on the basis of age, race religion, color, sex, national origin, marital status, disability, arrest and court record, sexual orientation, or other grounds protected under state or federal law, except where a bona-fide occupational qualification exists. It is the policy of this Company to hire only U.S. citizens and aliens authorized to work in this country. If you are selected for 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 Services form I-9. Applicants requiring accommodation in the interview process should contact the Administration Office.

All sections of this application **must** be completed. If additional space is required, please ask for attachment sheets.

Position for which you are applying: \_\_\_\_\_

[Note: If hired, you will be required to perform work as required by the Company.]

Salary/Wage Desired: \_\_\_\_\_

Referred By: \_\_\_\_\_ (Employee Name if applicable)

### CONTACT INFORMATION

Name

\_\_\_\_\_  
 (Last) (First) (Middle Initial)

Address

\_\_\_\_\_  
 (Street Address or P.O. Box) (City) (State) (Zip)

Telephone# \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you become aware of the company? (eg. Newspaper, Internet) \_\_\_\_\_

Have you previously worked at this Company?  Yes If yes, when? \_\_\_\_\_  No

Please answer the following if you have reviewed a job description of the position for which you are applying.

Can you perform the essential functions of the position with or without reasonable accommodation?  Yes  No

Type of employment desired:  Full Time  Part Time  On-Call  Temporary

Apart from absences for religious observances, will you be available to work all other times?  Yes  No

When and for how long will you be available for employment? \_\_\_\_\_

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your job performance. However, if you want the Company to consider special arrangements to accommodate a physical or mental impairment, you may suggest the kind of accommodation that you believe would be appropriate for consideration by the Company in the space below. (NOTE: If you have been provided a job description of the position for which you are applying, please review the job description carefully to determine whether you are able to perform the essential functions, with or without accommodation, and make your voluntary disclosure accordingly.)

**PROFESSIONAL REFERENCES**

Give name, address and telephone number of three (3) references who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying. (Include appropriate area code if out of state)  
Name                      # Years Known    Phone                      Occupation                      Address

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**SEPARATION OF EMPLOYMENT/EMPLOYMENT GAPS**

Have you ever been terminated or asked to resign from any job? Also, please explain any periods that you were not working.

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**Work Skills**

List special skills/knowledge in event planning, community service, food handling, food preparation, projects, etc.

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**EDUCATION/TRAINING**

SCHOOL	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
BUSINESS OR TRADE SCHOOL				
TRADE SCHOOL				
SPECIALIZED TRAINING/EXPERIENCE, SKILLS AND EXTRA CURRICULAR ACTIVITIES				

## EMPLOYMENT HISTORY

Beginning with your most recent employer, please fully complete the requested information for at least the past 10 years. Please account for any periods you were not working. If additional space is required, please attach a sheet.

FROM (MONTH/YR)	TO (MONTH/YR)	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		PRINCIPAL DUTIES	
REASON FOR LEAVING		SPECIAL DUTIES/RECOGNITION IN POSITION	
FROM (MONTH/YR)	TO (MONTH/YR)	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		PRINCIPAL DUTIES	
REASON FOR LEAVING		SPECIAL DUTIES/RECOGNITION IN POSITION	
FROM (MONTH/YR)	TO (MONTH/YR)	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		PRINCIPAL DUTIES	
REASON FOR LEAVING		SPECIAL DUTIES/RECOGNITION IN POSITION	
FROM (MONTH/YR)	TO (MONTH/YR)	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		PRINCIPAL DUTIES	
REASON FOR LEAVING		SPECIAL DUTIES/RECOGNITION IN POSITION	
FROM (MONTH/YR)	TO (MONTH/YR)	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		PRINCIPAL DUTIES	
REASON FOR LEAVING		SPECIAL DUTIES/RECOGNITION IN POSITION	

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

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for immediate dismissal from employment, regardless of how discovered.
- B. I understand that **MY EMPLOYMENT WITH COMPANY IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that only the President of the Hawaii Foodbank Inc. 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 I will not rely upon any other representations regardless of the source.
- D. I understand and agree that the Hawaii Foodbank Inc. (hereafter 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. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Hawaii Foodbank Inc. 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 I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. 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. 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. I agree that the Hawaii Foodbank Inc. may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. 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 (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Hawaii Foodbank Inc., I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform the Hawaii Foodbank Inc. of any agreements that would limit my ability to work for the Company.
- I. I understand that an investigative consumer report may be made concerning my credit worthiness, credit standing, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby consent to and authorize that such a report be made which may include information regarding my credit. Information of this report is authorized by my written consent on this application.
- J. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Hawaii Foodbank Inc. if I am employed by the Company.

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_