



Suisan Company, Ltd.

1965 Kamehameha Ave. P.O. Box 366 Hilo, HI 96720 Phone: (808) 935-8511

Application For Employment

Thank you for your interest in our Company. You must properly complete ALL portions of this employment application to be considered for employment at the Company. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. This Company is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, military service or other protected categories in accordance with state and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the position applied.

Please print. All applicants must complete sections 1,2,3,4,6 and any other applicable section. If additional space is required, attach sheet.

1. Personal Information

Date: / /

A. _____
Name (Last) (First) (Middle Initial)

B. _____
Address (Street) Telephone Number

C. _____
(City) (State) (Zip Code) Alternate Telephone Number

D. Social Security Number _____/_____/_____

E. Are you legally authorized to work in the U.S.?
☐ yes [Note: If offered employment, you will be required to complete the
☐ no Immigration and Naturalization Form as required by the 1986 Immigration
Reform and Control Act.]

F. How were you referred to the Company?

G. Do you have friends or relatives working for the Company? If yes, who?

H. Have you previously applied for a job with this Company?
☐ yes If yes, when and when _____
☐ no

I. Have you previously worked at this Company?
☐ yes If yes, when? _____
☐ no

J. Position for which you are applying _____
Note: If hired, you will be required to perform work as required by the Company.
Salary/Wage desired _____

- K. If you have been provided with a job description of the position for which you are applying, please answer this question: After reviewing the job description, can you perform the essential functions of the position with or without reasonable accommodation? ☐ yes ☐ no
- L. Apart from absences for religious observances, will you be available to work all Other times? ☐ yes ☐ no
- M. If hired, on what date can you begin work? _____

2. Education/Training

	Name of School	Address	No.of yrs. attended	Degrees
Elementary				
Jr. High/ Intermediate				
High School				
College				
Other (trade School, etc.)				

3. References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
 2. _____
 3. _____
-

4. Employment Record (List most recent employer first. Please list all employers for at least past 10 years and account for any periods that you were NOT working. If additional space is required, attach sheet.)

Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Numbers	<u>Hourly</u> <u>Rate/Mo.</u> <u>Salary</u>	
Job Title Supervisor	Starting	
Reason for leaving	Final	
Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Numbers	<u>Hourly</u> <u>Rate/Mo.</u> <u>Salary</u>	
Job Title Supervisor	Starting	
Reason for leaving	Final	
Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Numbers	<u>Hourly</u> <u>Rate/Mo.</u> <u>Salary</u>	
Job Title Supervisor	Starting	
Reason for leaving	Final	
Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Numbers	<u>Hourly</u> <u>Rate/Mo.</u> <u>Salary</u>	
Job Title Supervisor	Starting	
Reason for leaving	Final	
Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Numbers	<u>Hourly</u> <u>Rate/Mo.</u> <u>Salary</u>	
Job Title Supervisor	Starting	
Reason for leaving	Final	

Special Skills and Qualifications/Employment Gaps

Summarize special job-related skills and qualifications acquired from employment or other special training and experience. Also, explain any periods that you were not working.

5. Clerical and Secretarial Applicants Only

Make "x" for knowledge.

Make "+" for knowledge plus experience

___ Calculating Machine 10-key touch ability ☐ yes ☐ no

___ Proofreading

___ Spreadsheet

Type? _____

___ Typing _____ W.P.M.

___ Transcribing Equip.

___ Desktop Publishing

___ Word Processing

Type? _____

Type? _____

___ Shorthand _____ W.P.M.

___ Computer

Other _____

6. Certification

Please read carefully before signing.

- A. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statement or omission, whenever discovered, regarding this application is a reason for disqualification from further consideration or for dismissal from employment.
- B. If employed by the Company, I agree to conform to the guidelines and policies of the Company and understand that MY EMPLOYMENT ON AN AT-WILL BASIS, AND IS COMPLETELY VOLUNTARY AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY THE COMPANY OR MYSELF WITH OR WITHOUT ADVANCE NOTICE.
- C. I understand and agree that only the President or General Manager of the Company 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 and such an agreement must be in writing and signed by the President or General Manager. Any oral representations to the contrary are void.
- D. I consent to and authorize the Company to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school credit agency, government agency or other entity to provide the Company with any information of any sort (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 as a result of furnishing and receiving this information. I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information 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 if offered employment by the company, I may be required to disclose criminal conviction information that is rationally related to the duties of the job in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory conviction record as determined by the Company.
- F. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law.
- G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Authorization/Signature of applicant: _____ Date: _____

TELEPHONE REFERENCE CHECK GUIDE

Applicant _____ Date _____

Position Applying for: _____ Checked by _____

Previous Employer:

Company Name _____ Telephone Number _____

Person talked to: _____ Title _____

Was she/he employed by your Company? ☐ yes ☐ no

What was his/her job title? _____

She/he states that she/he was employed by your Company from _____ to _____

Please describe his/her job function _____

What did you think of the quality of her/his work? _____

Dependability on completing assignments _____

Ability to take responsibility _____

Work attitude _____

Was she/he regular and punctual in attendance? ☐ yes ☐ no explain _____

Working relationship with co-workers _____

Advancement potential _____

What are his/her strengths? _____

What were his/her earnings? _____

Why did he/she leave your company? _____

Would you re-employ? _____ Comment _____

I give permission to Suisan Company, Limited to obtain employment references necessary to make a hiring decision and hold persons giving reference harmless and free of any and all liability that could result from this process

Name: _____ Signature: _____

Date: _____

RELEASE, WAIVER AND CONSENT FORM
RELATING TO REFERENCES

I consent to and authorize Suisan Company, Limited ("Suisan") to make a full and complete investigation of my personal and employment history and authorize any and all former employers, companies, schools, governmental agencies or other entities to provide Suisan with any information of any sort (including fact or opinion) they may have regarding me. In consideration of Suisan's consideration of my application for employment, I release Suisan and all providers of any information from any liability, claim or damages, whether negligent or no, in contract, tort, or under statutory authority, as a result of furnishing and receiving such information.

I further consent to and authorize Suisan to disclose any information (including fact or opinion) regarding my employment with the Company, my performance, my relationship with others or any other matter regarding my employment and separation from employment, including the reasons for my departure. I specifically waive any claim for damages of any kind, including but not limited to interference with contract, invasion of privacy, defamation, or negligence of any kind in the communication of such information to other employers or potential employers, or persons representing themselves to be employers or potential employers.

Print Name: _____ Date: _____

Signature: _____

REFERENCE RELEASE FORM

Applicant Name: _____

Former Employer: _____

Social Security #: _____ Dates Employed: _____

The above named applicant is being considered for employment with Suisan Company, Limited and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

Applicants Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my qualification for employment. I also hereby release the above named former employer, and its agent and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information

Applicant's Signature: _____ Date: _____

RECORD OF EMPLOYMENT

Position held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? ☐ yes ☐ no

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature: _____ Title _____ Date _____

AFFIRMATIVE ACTION INFORMATION FORM

You are not required to provide this information.

We are an affirmative action government contractor. In compliance with government regulations we are required to track the number of our applicants by gender, race/ethnicity, and the positions for which they have applied.

We invite you to indicate your gender and race/ethnicity below. We will keep this information separate from your application and will use it only in accordance with federal and state regulations.

Your application for employment will be considered in the same manner whether or not you fill out this form.

Name _____ Date of application _____

Position applied for: _____ Referred by: _____

GENDER: (Check the applicable)

_____ Male

_____ Female

RACE: (Check ONE category only)

Are you **Hispanic or Latino**?

☐ NO, not Hispanic or Latino.

☐ YES, Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

_____ **American Indian or Alaskan Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islander.

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Two or More Races (Not Hispanic or Latino)** – All person who identify with more than one of the above five races.