



RETAIL MERCHANTS OF HAWAII EMPLOYMENT APPLICATION

Mahalo for your interest in joining the Retail Merchants of Hawaii! For us to make the best possible determination of your qualifications for the position you are applying for, all portions of this application pertaining to you must be completed.

Date of Application:													
Personal Information													
Last Name:				First Name:				Middle Initial:					
Address:													
City:				State:				Zip:					
Cellphone:						Home Phone:							
Email:													
Are you eligible to work in the US?						Yes		No					
Are you currently employed?						Yes		No					
Are you at least 18 years old						Yes		No		If NO, you may be required to provide authorization to work			
Have you previously been employed by the Retail Merchants of Hawaii?						Yes		No		If YES when?			
Have you previously applied for a job at the Retail Merchants of Hawaii?						Yes		No		If YES when?			
Job Information													
What position are you applying for?													
Employment Type: Full Time Part Time Temporary Hourly Rate/Salary desired: \$													
Availability													
List specific dates/times you will NOT be able to work:													
Can you work overtime, including weekends?										Yes		No	
Can you work ANY shift at ANY hour? If No, please complete availability form below.										Yes		No	
Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM PM		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM
	AM PM		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM
Referral Source													
How did you hear about our job opportunity?													
Education Information													
High School Name:						City/State/Zip Code:							
Diploma/GED:						Last Grade Completed:							
College Name:						City/State/Zip Code:							
Major						Did you graduate?		Yes		No			
Degree(s) Achieved:						Are you currently taking classes?		Yes		No			
Other schools/training attended & certificates													

Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with most recent.

Name of Employer:

City/State/Zip Code:

Name of Immediate Supervisor:

Phone Number:

Your Job Title(s):

Dates of Employment:

Summarize the nature of the work performed and job responsibilities:

May we contact your previous supervisor for a reference?

Yes

No

Name of Employer:

City/State/Zip Code:

Name of Immediate Supervisor:

Phone Number:

Your Job Title(s):

Dates of Employment:

Summarize the nature of the work performed and job responsibilities:

May we contact your previous supervisor for a reference?

Yes

No

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain

Give the names of three (3) persons not related to you, whom you have known at least three (3) years.

Name:

Relationship to you:

Phone Number:

Email:

Name:

Relationship to you:

Phone Number:

Email:

Name:

Relationship to you:

Phone Number:

Email:

Disclaimer & Signature

Retail Merchants of Hawaii is an equal employment opportunity employer. Retail Merchants of Hawaii does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I attest with my signature below that I have given to the Retail Merchants is true and complete information on this application. No requested information has been concealed. I authorize the Retail Merchants of Hawaii to contact references provided for employment reference check. I hereby release the Retail Merchants of Hawaii and all providers of information from all liability relating to or arising out of an inquiry by the Company regarding my work history, education, character, reputation, and background. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

This application is not a contract of employment and cannot create a contract of employment. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Retail Merchants of Hawaii to hire me. If employed by the Retail Merchants of Hawaii, I agree to conform to the guidelines and policies of the company and understand that my employment is at-will and can be terminated at any time, for any reason with or without notice. I understand that no representative of the Retail Merchants of Hawaii has the authority to make any assurance to the contrary.

By signing below, I acknowledge that I have read and understood the above statements and authorize the Company to take actions toward considering my application for employment.

Signature:

Date:

This application is currently for only ninety (90) days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out new application.