



# KONA FISH COMPANY, INC.

Kaloko Light Industrial Park  
 73-4776 Kanalani Street • Kailua-Kona, Hawaii 96740  
 Phone: (808) 326-7708 • Fax: (808) 329-3669

## APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer: We are an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

### GENERAL INFORMATION:

Name	Today's Date
Address	Telephone No.
City, State, Zip Code	Email Address
Emergency Contact	Emergency Contact Telephone No.

### POSITION INFORMATION:

Job/Position you are applying for: (Must be filled in)	Date you can start:	Wage/Salary Desired:
Do you have any special skills, abilities, or certifications that relates to the position that you are applying for?		
Do you have any shift/schedule restrictions? (Y/N)	If yes, please provide details.	
Are you employed now? (Y/N)	If yes, may we contact of your present employer?	
Have you ever applied to this company before? (Y/N)	If yes, when and at what location?	
Do you know anyone presently working here? (Y/N)	If so, who?	
How did you find out about this position? (Employee referral, Job Board, Newspaper Ad, Word of Mouth, etc.)	If you were referred by an employee, who referred you?	

**EMPLOYMENT RECORD:** Starting with the current or most recent, list the last 10 years of employment. Please attach additional sheets if necessary.

Name and Address of Employer		Dates Employed	Job Title/Duties	Reason for Leaving
<i>Company Name</i>	Phone	From: Mo/Year		
No. & Street		To: Mo/Year		
City & State	Zip	Supervisor's Name		
<i>Company Name</i>	Phone	From: Mo/Year		
No. & Street		To: Mo/Year		
City & State	Zip	Supervisor's Name		

**REFERENCES:** Not Relatives – References who can speak to your previous work experience.

1. <b>Name</b>	Position/Company
Email Address	Telephone No.
2. <b>Name</b>	Position/Company
Email Address	Telephone No.
3. <b>Name</b>	Position/Company
Email Address	Telephone No.

**EDUCATION:**

Name of School	City, State	Did you graduate? (Y/N)	Degree(s)
High School			
College			
Other (graduate, trade, etc.)			
Other (graduate, trade, etc.)			

**NOTE:**

It is the policy of this Company to hire only U. S. citizens and aliens who are authorized to work in this country. *(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.)*

**ACKNOWLEDGMENT AND CERTIFICATION:**

By signing below, 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 made herein, when discovered, may subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of the employment, may be required to undergo a medical examination (including alcohol/drug test) at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

**This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.**

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Application Date

Name and Address of Employer		Dates Employed	Job Title/Duties	Reason for Leaving
<i>Company Name</i>	Phone	From: Mo/Year		
No. & Street		To: Mo/Year		
City & State	Zip			
<i>Company Name</i>	Phone	From: Mo/Year		
No. & Street		To: Mo/Year		
City & State	Zip			
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