

**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

**ALEXANDER MANOR - AN EQUAL OPPORTUNITY EMPLOYER**

1559 THURSTON AVE, HONOLULU HI 96822 - (808) 526-1559 FAX (808) 534-0029

**Personal Information**

Name (Last name first)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Secondary Phone	Referred by	

**Employment Desired**

Position	Date you can start	Salary desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

**Education History**

Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business, or Correspondence			

**General Information**

Subjects of special study/research work or special training/skills	
U.S. Military or Naval Service	Rank

**Former Employers**

Dates	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**APPLICATION FOR EMPLOYMENT**  
**ALEXANDER MANOR - AN EQUAL OPPORTUNITY EMPLOYER**  
**1559 THURSTON AVE, HONOLULU HI 96822 - (808) 526-1559 FAX (808) 534-0029**

**References**

Give below the names of three persons not related to you whom you have known at least one year

Name	Phone Number	Business	Years Known

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and all pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date	Signature
------	-----------

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Remarks**
