

KTM SERVICES, INC

2111 A Wilcox Lane

Honolulu, HI 96819

Ph#: (808) 845-8089 / Fax#: (808) 845-9770

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a three month period after submission to the Company and only for the desired position.

PERSONAL INFORMATION

NAME (Last Name/First)

Current Address

City

State

Zip code

Do you meet the minimum age requirement set by law for the desired position?

☐ Yes ☐ No

Phone:

After employment, can you submit verification of your legal right to work in the United States?
☐ Yes ☐ No (Note: If offered employment you will be required to submit documentation to required by IRCA)

DESIRED EMPLOYMENT

Desired Position**

Date You Can Start:

Salary Desired:

Have you applied for employment at this company before? ☐ Yes ☐ No

Where?

When?

Have you ever worked for this company before?
☐ Yes ☐ No

Where?

When?

Who referred you to this company? ☐ Referral _____ ☐ Employment Agency ☐ Newspaper
Social Media ☐ Friend ☐ Walk In ☐ Other _____

Apart from Religious Observances, will you be able to work all other times? ☐ Yes ☐ No

Please check those days that you are available to work? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat
I understand that should my availability change such that I am no longer able to satisfactorily accommodate the business needs of the Company, I may be subject to termination from the Company.

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

EDUCATION

School Level	Name and Location of School	No. of Yrs Attended	Did You Graduate?	Subjects Studied
High School:				
College:				
Other:				

FORMER EMPLOYERS

Please account for the last Ten (10) years of employment
**FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE
ADDITIONAL PAPER IF NECESSARY**

Name of Current or Last Employer:		Date Started:		Date Ended:	
Address:		City:		State:	
				Zip Code:	
May We Contact Your Supervisor? [] Yes [] No					
Name of Supervisor:		Title:		Employer's Phone #:	
Description of Work:					
Reason(s) for Leaving:					
Name of Current or Last Employer:		Date Started:		Date Ended:	
Address:		City:		State:	
				Zip Code:	
May We Contact Your Supervisor? [] Yes [] No					
Name of Supervisor:		Title:		Employer's Phone #:	
Description of Work:					
Reason(s) for Leaving:					
Name of Current or Last Employer:		Date Started:		Date Ended:	
Address:		City:		State:	
				Zip Code:	
May We Contact Your Supervisor? [] Yes [] No					
Name of Supervisor:		Title:		Employer's Phone #:	
Description of Work:					
Reason(s) for Leaving:					
Name of Current or Last Employer:		Date Started:		Date Ended:	
Address:		City:		State:	
				Zip Code:	
May We Contact Your Supervisor? [] Yes [] No					
Name of Supervisor:		Title:		Employer's Phone #:	
Description of Work:					
Reason(s) for Leaving:					
Name of Current or Last Employer:		Date Started:		Date Ended:	
Address:		City:		State:	
				Zip Code:	
May We Contact Your Supervisor? [] Yes [] No					
Name of Supervisor:		Title:		Employer's Phone #:	
Description of Work:					
Reason(s) for Leaving:					

Name of Current or Last Employer:				Date Started:		Date Ended:	
Address:			City:		State:		Zip Code:
May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Supervisor:			Title:			Employer's Phone #:	
Description of Work:							
Reason(s) for Leaving:							
Name of Current or Last Employer:				Date Started:		Date Ended:	
Address:			City:		State:		Zip Code:
May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Supervisor:			Title:			Employer's Phone #:	
Description of Work:							
Reason(s) for Leaving:							
Name of Current or Last Employer:				Date Started:		Date Ended:	
Address:			City:		State:		Zip Code:
May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Supervisor:			Title:			Employer's Phone #:	
Description of Work:							
Reason(s) for Leaving:							
Name of Current or Last Employer:				Date Started:		Date Ended:	
Address:			City:		State:		Zip Code:
May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Supervisor:			Title:			Employer's Phone #:	
Description of Work:							
Reason(s) for Leaving:							

Name of Current or Last Employer:		Date Started:		Date Ended:	
Address:		City:		State:	
				Zip Code:	
May We Contact Your Supervisor? [] Yes [] No					
Name of Supervisor:		Title:		Employer's Phone #:	
Description of Work:					
Reason(s) for Leaving:					
Name of Current or Last Employer:		Date Started:		Date Ended:	
Address:		City:		State:	
				Zip Code:	
Starting Salary: _____ [] Monthly [] Bi-Weekly [] Weekly		Final Salary: _____ [] Monthly [] Bi-Weekly [] Weekly		May We Contact Your Supervisor? [] Yes [] No	
Name of Supervisor:		Title:		Employer's Phone #:	
Description of Work:					
Reason(s) for Leaving:					
REFERENCES					
Give the names of three persons you are not related to whom you have known at least one year and whom we can contact.					
Name		Address		Phone #	
JOB SKILLS, QUALIFICATION AND EMPLOYMENT GAPS					
Summarize your job skills, training and/or study that are relevant for the desired position, Also explain any periods that you were not working. Use additional paper if necessary.					

<p style="text-align: center;">CERTIFICATION</p> <p style="text-align: center;">Please Read Carefully Before Signing</p>
<p>A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment. Applicants Initials:</p>
<p>B. If employed, I agree to conform to the guidelines and policies of the company. I understand that MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE. Applicants Initials:</p>
<p>C. I understand that only the President of the Company has any authority to enter into any contractual 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. Applicants Initials:</p>
<p>D. I understand and agree that 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. I understand and agree that this investigation may also include use of any social media/internet for screening purposes. Such use of the social media/internet shall not be used to discriminate on the basis of age, race, sex, religion, color, natural origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. In consideration of the Company's view 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, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). 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 (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. Applicants Initials:</p>
<p>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. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose 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. Applicants Initials:</p>
<p>F. I agree that the Company 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 or that involves certain Family Court matters will not be considered. Applicants Initials:</p>
<p>G. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with the law, and that such employment offer shall be dependent upon receipt of a satisfactory military record as determined by the Company. Applicants Initials:</p>

H. I agree that to the extent of the law, I will sign authorization form(s) allowing health care providers or entities to disclose health information to the Company, and allowing the Company to use such information for employment purposes.

Applicants Initials:

I. 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: _____

Printed Name of Applicant: _____

Date: _____