



# PACIFIC WHALE FOUNDATION

300 Ma'alaea Rd., Ste. 211,  
Wailuku, HI 96793

Phone: 1-808-249-8811  
Fax: 1-808-243-9021

## APPLICATION FOR EMPLOYMENT

It is the policy of the Pacific Whale Foundation, hereinafter called the "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

**NOTE: WE CONDUCT BACKGROUND SCREENS AND DRUG TESTS AS CONDITION OF EMPLOYMENT**

**APPLICATIONS WHICH ARE INCOMPLETE OR ILEGIBLE OR APPLICATIONS WHICH ARE ACCOMPANIED BY A PHOTO WILL NOT ACCEPTED**

DATE _____				
Name _____				
Last	First	Middle		
Present address _____				
Number	Street	City	State	Zip
How long _____		Social Security No. _____ - _____ - _____		
Telephone (____) _____				
Email Address _____				
Position applied for (1) _____			Days/hours available to work	
Minimum salary accepted (2) _____			No Pref _____	Thur _____
			Mon _____	Fri _____
			Tue _____	Sat _____
			Wed _____	Sun _____
How many hours can you work weekly? _____			Can you work nights? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When are you available for work? _____				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

DO YOU KNOW ANYONE PRESENTLY WORKING FOR OUR COMPANY? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please give list name(s), _____	
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? <input type="checkbox"/> No <input type="checkbox"/> Yes	

**Work Experience**

Please list your previous work experience beginning with your current or most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Phone 1-800-942-5311 • Fax 1-808-243-9021

I, \_\_\_\_\_  
Full Name Social Security Number

\*\* hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize Pacific Whale foundation to contact my current or past employers for Employment and Reference Verifications. This will authorize immediate inquiries to The Human Resource Department or any listed supervisors or reference you have provided on this application.

### PLEASE READ CAREFULLY

**MEDICAL INFORMATION:** After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination or drug test at an individual's expense, by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Once hired the employee may submit for reimbursement of the examination cost as long as the result was "negative". "Positive and dilute negatives" will not be reimbursed. Employees, at any time during the course of their employment, may be required to undergo a medical or drug examination at the 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.

\_\_\_\_\_  
Applicant's Initials

In exchange for the consideration of my job application by the Company, I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

\_\_\_\_\_  
Applicant's Initials

**BACKGROUND CHECK:** After an offer of employment is made, but before employment duties begin, applicants will be required to undergo a comprehensive background check at the Company's expense. I understand that The Company may withdraw the job offer based on the results only as permitted by state and federal laws.

\_\_\_\_\_  
Applicant's Initials

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 my misrepresentation or omission made herein, when discovered, will subject me to discharge. 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 credit record, work history, education, character, reputation and background.

**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.**

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date