



Application For Employment

Equal Opportunity Employer

1001 Bishop Street
Suite 1800
Honolulu, Hawaii 96813

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, arrest or court record, sexual orientation, gender identity or expression, citizenship, genetic information, domestic or sexual violence victim status, or any other characteristic protected under federal or state law.

(PLEASE PRINT)

Date of Application _____

Position Applying For _____

Referral Source: Advertisement Friend Employment Agency Firm Website
 Relative Walk-in Other _____

Print name of referral source _____

Legal Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (____) _____ Email Address: _____

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you legally authorized to work in the U.S.? Yes No
(If offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act.)

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job which you are applying for requires it? Yes No

Education

	High	College/University	Graduate/Professional
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

Describe specialized training, apprenticeship, skills and extra-curricular activities relating to the job applied (exclude any activities which would reveal gender, race, religion, national origin, ancestry, color, marital status, disability, sexual orientation or other protected status):

Honors Received:

Employment Experience

Start with your present or last job. If you need additional space, please continue on a separate sheet of paper.

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

State any additional information you feel may be helpful to us in considering your application. Do not include information which would reveal gender, race, religion, national origin, age, color, marital status, disability, genetic information, sexual orientation, gender identity, or expression, domestic or sexual victim status or any other characteristic protected by federal or state law:

Other

Do you know anyone presently working for the firm? _____ If so, who? _____

CERTIFICATION

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of material fact is sufficient ground for cancellation of this application or, if I am employed by Alston Hunt Floyd & Ing (the "Firm"), for immediate discharge from employment.

Except as may be noted above, I authorize the Firm to contact and obtain information from all references, employers and educational institutions listed, and to investigate any of the above information for purposes of verification. I also authorize the Firm, if I receive a conditional offer of employment, to conduct an inquiry into my criminal conviction record for the past ten years (excluding periods of incarceration), including state and federal checks, to the extent permitted by law. I understand that the purpose of such inquiry is to determine whether I have a conviction record within the past ten years that bears a rational relationship to the duties and responsibilities of the position which I may be offered. Upon request, I will sign all necessary consent forms to facilitate the inquiry into my criminal conviction record.

I hereby agree to hold the Firm and its representatives harmless and release them from liability of any kind for any statements, acts or omissions in the course and/or as a result of its investigations in connection with this application.

If employed, I understand that I am required to abide by all Firm policies and procedures.

I also understand that if employed, I will be employed on an at-will basis and that my employment may be terminated at any time, either by me or by the Firm, with or without cause.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature of Applicant

Date