

WAIKIKI BEACH ACTIVITIES, LTD.
APPLICATION FOR EMPLOYMENT

451-4088

PERSONAL INFORMATION

DATE _____

NAME _____
Last First Middle Initial

SOCIAL SECURITY #: _____

PRESENT ADDRESS

Street City State Zip

PHONE # Home: _____ Other: _____

Number of years lived in Hawaii: _____

SPECIAL QUESTIONS

Are you a U.S. Citizen? Yes _____ No _____

If No, please explain _____

If you are a minor, do you have a work permit? Yes _____ No _____

What Foreign Languages do you speak fluently? _____

Have you been convicted of a felony or misdemeanor within the last 5 years? **

Yes _____ No _____

Describe: _____

I understand and agree that I may be required to take one or more: physical examination, lie detector, drug test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes _____ No _____

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

SALARY DESIRED _____

IF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER? _____

ARE YOU EMPLOYED NOW? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	SCHOOL NAME	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR				
JUNIOR HIGH				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

DO YOU CURRENTLY HAVE THE FOLLOWING CERTIFICATION(S)? You must have all three for lifeguard position:

LIFEGUARD TRAINING Yes No Expiration Date: _____

STANDARD FIRST AID Yes No Expiration Date: _____

CPR Yes No Expiration Date: _____

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

U.S. MILITARY OR

NAVAL SERVICE _____ RANK _____

NATIONAL GUARD OR RESERVES? _____

FORMER EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	EMPLOYER AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES: PRINT THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

PHYSICAL RECORD:

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES ☐ NO ☐

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE DESCRIBE: _____

THIS JOB REQUIRES HEAVY LIFTING. DO YOU HAVE ANY RESTRICTIONS OF LIFTING? YES _____ NO _____ IF YES, PLEASE EXPLAIN _____

IN CASE OF
EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE NUMBER

"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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE _____ SIGNATURE _____

* PLEASE CIRCLE ANY DAY OF THE WEEK YOU CANNOT WORK (8:00am to 5:30pm):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

INITIAL _____

* WBA is an "at will" company. If you have any questions, see management.

DO NOT WRITE BELOW THIS LINE

DATE: _____

notes: _____

INTERVIEWED BY: _____

HIRE DATE: _____

POSITION: _____

SALARY/WAGE: _____

APPROVED: _____

DATE REPORTING TO WORK: _____