EMPLOYMENT HISTORY

List employment starting with your present or most recent job.

Company Name		Phone:
Address (Street, City, State, Zip)		
Job Title		Supervisor:
Dates Employed: From:	To:	Wage or salary on leaving:
Duties of your position:		
Reason for leaving:		
Company Name		Phone:
Address (Street, City, State, Zip)		
Job Title		Supervisor:
Dates Employed: From:	To:	Wage or salary on leaving:
Duties of your position:		
Reason for leaving:		
Company Name		Phone:
Address (Street, City, State, Zip)		
Job Title		Supervisor:
Dates Employed: From:	To:	Wage or salary on leaving:
Duties of your position:		
Reason for leaving:		
Company Name		Phone:
Address (Street, City, State, Zip)		
Job Title		Supervisor:
Dates Employed: From:	To:	Wage or salary on leaving:
Duties of your position:		
Reason for leaving:		

PLEASE READ BEFORE SIGNING

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I authorize my previous employers, schools, credit agency(s) to give On Stage Waikiki Beach LLC any and all facts, opinions or records concerning my employability. I agree that On Stage Waikiki Beach LLC and any company or individual shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application.

I understand and agree that if I am selected, a condition of employment is to successfully pass a drug-screening test and that I may be required to pass a pre-employment physical. I understand that I may be required to submit to post-employment examinations, including random drug and alcohol testing.

I understand that employment at On Stage Waikiki Beach LLC is 'AT WILL' which means that either I or On Stage Waikiki Beach LLC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by the state. All employment is continued on that basis.

Applicant's Signature: ______________________________

Printed Name: ______________________________ Date: ________________

Your application will be forwarded to the appropriate department, Application will be active for **90 days**. Applicants meeting qualifications will be contacted by the manager of the appropriate department for an interview within a week to ten days. The Human Resources Department is unable to advise you of the status of your application. Thank you for your interest in On Stage Waikiki Beach LLC.

Updated: 10/2011
D.Domen

Royal Hawaiian Shopping Center
2233 Kalakaua Avenue, Suite B402 Honolulu, Hawaii 96815

Human Resources: 1540 S King Street, Honolulu HI 96826
Phone: (808) 983-7740 Fax: (808) 983-7783

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

PERSONAL

Last Name	First Name	Middle Initial	Date

Street Address	City	State	Zip	Email Address:

Contact Numbers: Home: Other:	Are you over 18 years of age? ☐ Yes ☐ No

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No	Have you ever worked for On Stage Waikiki Beach LLC and/or Legends in Concert? ☐ No ☐ Yes, Dates:_____

Do you have any relatives working for the company now? ☐ No ☐ Yes, List Names:_____	How were you referred to us?

If you are currently working, may we contact your employer? ☐ Yes ☐ No	Based on the job description and physical requirements, is there any reason that you could not perform the essential functions of the job? ☐ Yes ☐ No

Days/Hours available to work: Emplyoment Desired: ☐ Full Time ☐ Part-time

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Indicate any skills you have that pertain to the job you are applying for (I.e. typing/wpm; type of licensed vehicle operator).

Are you fluent in any language other than English? Please list:

Are you a veteran? ☐ Yes ☐ No Branch of Service: _____ Dates: From: _____ To:_____

EDUCATION

Name of School	City/Location	Grade Completed/Degree
High School		
College		
Other		
1.		
2.		

POSITION/S APPLYING FOR

1. _____	2. _____
Wage or salary desired? $_____	Wage or salary desired? $_____
When can you start? _____	When can you start? _____

Complete the Reverse Side