

Employment Application



KO'OLAU
BALLROOMS

Simply Grand

Please fill in all blue areas
completely and accurately.
Type or print legibly in ink.

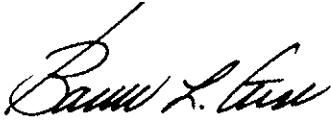
ALTRES

Welcome!

ALTRES and the company to which you are applying have established a co-employment relationship that removes employment administration from the workplace. By completing this application, you are applying to become part of the ALTRES workforce of thousands of employees at hundreds of worksites throughout the state of Hawai'i.

Because of this relationship, if you accept an offer of employment with this company, ALTRES will become your employer for administrative purposes only and will provide human resources services to your workplace. If you have any questions about ALTRES, please call a member of our helpful staff.

Sincerely,



Barron L. Guss
President and CEO

Honolulu, Hawai'i	(808) 591-4900
Neighbor Islands	(800) 373-1955
Kailua-Kona, Hawai'i	(808) 331-1720

ALTRES provides equal employment opportunity in accordance with all applicable federal and state laws. Applicants and employees are considered for employment opportunities without regard to their membership in any legally protected class, except where the law permits or requires us to do so. All decisions relating to your employment will be made without regard to any legally protected status.

ALTRES employs only those persons legally authorized to work in the United States.

Applicant Information

Desired Position(s): _____

Today's Date _____

 Last Name First Name Middle Initial Email

 Home Address City State Zip

() () ()
 (Area Code) Home Phone (Area Code) Alternate Phone Name of Emergency Contact (Area Code) Emergency Contact's Phone

Yes No Are you currently employed?

Yes No May we contact your current employer? If no, why? _____

Yes No Are you age 18 or over? If no, state your age: _____

Are you interested in Full-Time Part-Time or On-Call work?

Yes No Are you willing to work overtime as necessary?

Days available to work: Sun Mon Tues Wed Thur Fri Sat

Hours available to work: _____

Date available to start work: _____ Desired Pay: _____

Yes No Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you are seeking employment? If yes, what? _____

Yes No Are you legally authorized to work in the United States?
 (All offers of employment are subject to verification of the applicant's identity and employment authorization status within 72 hours.)

Yes No Have you ever served in the US Armed Forces? If yes, which branch? _____

Yes No Have you ever been employed by ALTRES or this company? If yes:

 Company Dates (From - To) Company Dates (From - To)

Yes No Have you ever been terminated or asked to resign? If yes, explain the circumstances:

 Company Reason

Yes No Do you have any relatives employed by this company? If yes: _____
 Relative's Name Relationship to You

How did you learn about this position/company (e.g. newspaper, radio, internet, friend, etc.)?

Education

 School Name City/State Major GPA Degree/
 Certification Rec'd.

High School _____

College _____

Trade, Business, or Other _____

Work Experience

Please list your work history over the last 10 years, starting with your current (or most recent) employer. If you have less than 10 years' experience, please list your history as far back as you have worked. Attach another sheet if necessary.

	1.	2.	3.
Company & Division			
Full Address			
Phone Number	()	()	()
Type of Business			
Title/Position			
Duties/Responsibilities			
Dates of Employment From/To			
Rate of Pay	Starting: Ending:	Starting: Ending:	Starting: Ending:
Supervisor Name & Title			
Reason for leaving			

	4.	5.	6.
Company & Division			
Full Address			
Phone Number	()	()	()
Type of Business			
Title/Position			
Duties/Responsibilities			
Dates of Employment From/To			
Rate of Pay	Starting: Ending:	Starting: Ending:	Starting: Ending:
Supervisor Name & Title			
Reason for leaving			

Job Skills & Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

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References

List three professional or character references who are not your relatives.

Name	Title	Relationship to You	Phone Number	No. of Years Known
			()	
			()	
			()	

PRE-EMPLOYMENT STATEMENT Please read the following statements and sign in the space provided below. I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment or, if employed, termination from employment.
2. Any offer of employment I may receive is contingent upon my successful completion of any screening process, including ALTRES and/or the customer receiving references that they consider satisfactory.
3. In processing this application, ALTRES and/or the customer may verify the information provided by me, or may procure or have prepared a consumer or investigative consumer report concerning my work history, education, character, reputation, background, and conviction record (if and as permitted by law). I understand that upon written request to ALTRES, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
4. I authorize and request that my present and former employers, educational institutions attended, and references furnish information regarding my work history, education, character, reputation, and background. I hereby release ALTRES, the customer, and all providers of information from any and all liability relating to or arising from furnishing the requested information.
5. I authorize ALTRES to release any information about me that it may obtain from any source to ALTRES customers or referrals which may be interested in employing me or otherwise engaging my services, and specifically hold ALTRES harmless and release ALTRES from any and all liabilities, damages, or consequences associated with such disclosure.
6. After receiving an offer of employment, I may be required by ALTRES and/or the customer to undergo a pre-employment medical examination and/or screening for alcohol and/or drugs, with the offer of employment conditioned on the result of such examination or screening. If employed, I agree to submit to a medical examination (or screening for alcohol and/or drugs) at ALTRES' or the customer's request, consistent with applicable law. I hereby consent to having the results of any pre- or post-employment medical examinations and/or screening for alcohol and/or drugs disclosed to the appropriate ALTRES or customer official.
7. If employed, I agree that ALTRES is my employer of record for all workers' compensation matters. In the event of an occupational injury or illness, my exclusive remedy for such injury or illness shall be pursuant to ALTRES' workers' compensation coverage and I shall not seek benefits from any customer to which I am assigned. A delay in reporting the injury or illness to ALTRES may result in a delay in receiving benefits.
8. I agree to maintain the confidentiality of any proprietary information of ALTRES and/or the customer, including client lists, personnel information, internal communications, computer programs, price lists, business plans, financial statements, information pertaining to lawsuits or other legal proceedings, training programs, and product development. I agree that the use, communication, duplication and/or distribution of such information for personal benefit or for the benefit of another person, company, or entity other than ALTRES and/or the customer may be grounds for disciplinary action, up to and including dismissal, and may also result in legal action.
9. This application is not an implied or express contract of employment and cannot create a contract of employment for any specific period. I understand that if I am offered employment, my employment will be "at will" and can be terminated at any time at the option of ALTRES, the customer, or myself, with or without cause and with or without prior notice or warning.

Signature _____ Print Name _____ Date _____

ARBITRATION POLICY

Because of the delay and expense that results from the use of the federal and state court systems, ALTRES requires, as a term and condition of employment and/or continued employment, that all of its employees agree to submit to binding arbitration any controversies concerning compensation, employment, or termination of employment, rather than to use the court system. If I am offered employment, I expressly and knowingly agree that if any dispute should ever arise between myself and ALTRES, and/or between myself and the ALTRES customer, and/or arising out of any transaction or occurrence at my workplace, concerning any aspect of my employment including, but not limited to, my compensation, the terms and conditions of my employment, harassment and/or discrimination of myself in the workplace and/or connected with work, or termination of my employment, such dispute(s) shall be submitted to binding, mandatory and exclusive arbitration and I shall not attempt to use any court or judicial system to adjudicate such dispute(s).

Signature _____ Print Name _____ Date _____



FOR AUTHORIZED CONTACT USE ONLY

CONFIDENTIAL

Customer Acknowledgment

Employee Last Name _____ Employee First Name _____

Employee Position _____ Hire Date _____

Full-Time Part-Time On-call Nonexempt Exempt*

*Job Analysis Questionnaire may be required.

Start Date (if known) _____

Is employee expected to regularly work 20+ hours per week? Yes No

COMPENSATION:

Pay Method

Hourly

Salary

Commission

Flat Rate

Other

Pay Rate

\$ _____ per hour

\$ _____ per pay period month year

\$ _____

I have read the foregoing carefully and certify that the information is true, correct, and complete. I will notify ALTRES of any changes immediately.

Company Name _____

Location/Worksite (if applicable) _____

Name of Authorized Contact _____

Signature of Authorized Contact _____

Date _____

- ACTION ITEM: Contact employee to schedule orientation. Employee Phone Number: (_____) _____
 (Area Code) Phone Number
- Employee will contact ALTRES to schedule orientation.
- Employee sent for pre-employment drug screen. Contact employee to schedule orientation upon receipt of negative results.
- Orientation completed on _____
Date

Applicant Name

Position Applied For

Customer Name

Date Received

Offer Date

Acceptance Date