



Tinguely Development, Inc.
 P.O. Box 9013
 Kailua Kona, HI 96745
 Phone (808) 329-8775 - Fax (808) 329-8776

**DRUG FREE
 WORK
 PLACE**

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Position(s) Applied For: _____ Date of Application: _____

Last Name: _____ First Name: _____ MI _____

Current Address: _____

Phone Number(s): _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed here before? If yes, give dates and positions: Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ Salary range: \$ _____ Per: _____

Type of employment desired: Full Time Part Time

Driver's license number if driving is an essential job function: _____ State: _____

Employment History

Please provide information for your past 4 employers, starting with the most recent.

From:	To:	Employer Name:	Phone:
Starting Job Title	Final Job Title	Address:	Contact:
Nature of work performed and job responsibilities			
Reason for leaving			
From:	To:	Employer Name:	Phone:
Starting Job Title	Final Job Title	Address:	Contact:
Nature of work performed and job responsibilities			
Reason for leaving			

Application Continued:

From:	To:	Employer Name:	Phone:
Starting Job Title	Final Job Title	Address:	Contact:
		Nature of work performed and job responsibilities	
Reason for leaving			
From:	To:	Employer Name:	Phone:
Starting Job Title	Final Job Title	Address:	Contact:
		Nature of work performed and job responsibilities	
Reason for leaving			

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

Educational Background (if job related)

Name and Location	# of Years Completed	Did you Graduate?	Course of Study
High School			
College			
Other			

References

Name	Telephone	Years Known
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to:

i) cancel further consideration of this application or ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____