



800 Bethel Street, Suite 501, Honolulu, HI 96813
 Tel: 808-587-7770 Fax: 808-587-7769 Website: avalonhi.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with Avalon Development Company, LLC (“Avalon”). You must properly complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex including gender identity or expression, religion, color, national origin, ancestry, marital status, disability, sexual orientation, credit history, genetic history, arrest and court record, military service, domestic or sexual violence victim status if the domestic or sexual violence victim provides notice to Avalon of such status or Avalon has actual knowledge of such status, or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three-month period after submission to Avalon and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal conviction check)				
PRESENT ADDRESS			APT NO.	CITY
			STATE	ZIP CODE
PHONE:	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
CELL:		<input type="checkbox"/> YES	[NOTE: If offered employment you will be required to submit documentation required by IRCA.]	
E-MAIL:		<input type="checkbox"/> NO		

DESIRED EMPLOYMENT

DESIRED POSITION*	DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT AVALON BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR AVALON BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
WHO REFERRED YOU TO AVALON?		
<input type="checkbox"/> RELATIVE _____	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> WALK IN	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE
		<input type="checkbox"/> FRIEND
		<input type="checkbox"/> OTHER
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**If hired, you will be required to perform work as required by Avalon.*

EDUCATION

SCHOOL LEVEL	NAME OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

FORMER EMPLOYERS

Please account for last ten years of employment by answering all questions for each employer.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES		
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?		
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER		
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES		
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?		
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER		
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES		
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?		
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER		
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES		
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?		
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER		
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING:		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

EMPLOYMENT GAPS

Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors.
If not applicable, list three personal references who are NOT related to you.

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

JOB SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. If employed by Avalon, **I AGREE TO CONFORM TO AVALON'S GUIDELINES AND POLICIES AND UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY AVALON OR BY ME WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the President of Avalon has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that Avalon may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide Avalon with any information (including fact or opinion) they may have regarding me. In consideration of Avalon's review of this application, I release Avalon and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by Avalon. If employed by Avalon, I further authorize Avalon to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against Avalon for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit a complete medical examination during my employment with Avalon, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to Avalon in accordance with state and/or federal laws. Avalon will keep such results confidential and disclose the results only to persons who need to know or where required by law. I also agree to fully cooperate and provide Avalon with any additional consent(s) and/or release(s) as required by Avalon to investigate my employment application.
- F. I understand and agree that if offered employment by Avalon, I may be required to disclose criminal conviction information in accordance with the law, and that any such employment offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by Avalon.
- G. I understand and agree that if offered employment by Avalon, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by Avalon.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Avalon of any agreements that would limit my ability to work for Avalon.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Avalon if I am employed by Avalon.

Authorization/Signature of Applicant: _____

Date: _____

Print Name: _____



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FCRA NOTICE AND AUTHORIZATION

DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment or other employment-related purposes, Avalon may decide to obtain a consumer report bearing on your background, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by Avalon for employment purposes without your prior written authorization.

AUTHORIZATION

I hereby acknowledge that Avalon has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize Avalon and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: _____

Date: _____

Print Name: _____