



KONA CLIFFS - EMPLOYMENT APPLICATION

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|---|---|
| NAME (First, Middle, Last) | Are you authorized to work in the U.S.? <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| Address | How long have you been at this address: |
| City, State, Zip Code | How long have you lived in Hawaii: |
| Cell phone: | Email address: |
| Have you ever been convicted of a crime? <input type="checkbox"/> YES / <input type="checkbox"/> NO If so, please explain: | |

Today's Date: _____ Position applied for: _____

Date available: _____ Desired hourly rate: _____ Desire: Part Time / Full

EDUCATION

| Name & location of school | Years attended | Did you graduate? | Area of study and degrees acquired |
|---------------------------|----------------|---|------------------------------------|
| High School: | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| College and Grad School: | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

What job-related skills, qualifications and licenses/certifications (incl dates) do you have?

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What is your availability to work at Kona Cliffs? What other job/personal time requirements do you need to juggle?

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Do you have CPR certification, or are you willing to acquire one? YES / NO

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Current/Last Employer May we contact this employer? YES NO

| | |
|--|---------------------|
| Company name: | Position: |
| City and State: | Dates employed: |
| Company phone #: | Reason for leaving: |
| Please describe job duties and responsibilities: | |

Previous Employer May we contact this employer? YES NO

| | |
|--|---------------------|
| Company name: | Position: |
| City and State: | Dates employed: |
| Company phone #: | Reason for leaving: |
| Please describe job duties and responsibilities: | |

Previous Employer May we contact this employer? YES NO

| | |
|--|---------------------|
| Company name: | Position: |
| City and State: | Dates employed: |
| Company phone #: | Reason for leaving: |
| Please describe job duties and responsibilities: | |

PERSONAL STATEMENT

What's your background in climbing? Why do you want to work here?! Anything else?

REFERENCES

Please list at least two (2) professional references.

Reference #1

Name: _____ Relationship: _____

Company: _____ Phone #: _____

Address: _____

Reference #2

Name: _____ Relationship: _____

Company: _____ Phone #: _____

Address: _____

CERTIFICATIONS AND ACKNOWLEDGMENTS

Please read each statement closely and initial each on the line next to the title, acknowledging your understanding. If clarification is needed, please contact Human Resources.

_____ **Equal Employment Opportunity Statement:** This Company is committed to complying with all applicable Federal, State, and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of discrimination based on race, color, religion, national origin, age, sex (including pregnancy, sexual orientation and gender identity or expression), citizenship, disability status, past, current, or prospective membership in the uniformed services or any other characteristic protected

under applicable federal, state, or local law. The Company will make reasonable efforts to accommodate the disability of an otherwise qualified employee unless undue hardship would result for the Company.

_____ **Anti-Harassment Policy Statement and Acknowledgment:** This Company strictly prohibits and does not tolerate unlawful harassment against employees or applicants because of race, religion, national origin, color, sex (including pregnancy, sexual orientation and gender identity or expression), age, physical or mental disability or any other characteristic protected under applicable federal, state, or local law. Any employee who engages in unlawful harassment, including sexual harassment, will be subject to appropriate discipline, up to and including termination.

_____ **Post-Hire, Pre-employment Testing:** If offered a position with the Company, I understand that I may be asked to undergo legally permitted physical, psychological, skill, or medical tests as a condition of employment.

_____ **Background Investigation:** I acknowledge that if I am offered employment with the Company, a job offer may also be contingent upon a background investigation which may include interviews with past employers, workers, and friends and/or a criminal background check.

_____ **At-Will Employment:** I understand that if I become employed by the Company, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. This policy does not create a contract between the Company and any person employed by the Company.

_____ **Company Obligation:** I understand that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

_____ **Complete and Accurate Information:** I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission of information or falsification of this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date