

Hualalai Resort

P. O. Box 1119, Kailua-Kona, HI 96745
Phone: (808)325-8400 FAX: (808)325-8210

*Our Mission: To perform the art of ho`okipa at the highest level,
while we treat each other with aloha, dignity and respect.*

INSTRUCTIONS: Thank you for your interest in employment with Hualalai Resort. Please 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, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a one-year period after submission to Hualalai Resort ("Resort"). Consideration for employment after the one-year period requires completion and submission of a new application. **Use additional paper if necessary to fully answer any question(s).**

PERSONAL INFORMATION:

Last name: _____ First: _____ Middle: _____

Have you ever used any other names? If so, please print. (For criminal background check)

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: () _____ Email: _____

DESIRED EMPLOYMENT:

Desired Position*: _____

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

Date available for employment: _____ Salary/Hourly Rate of Pay Desired: _____

Are you willing to accept: Full Time? Part Time? Casual?

Are there any days or shifts you will not be able to work? No Yes Please specify _____

If you have been provided with a job description on the desired position, please answer this question: After reading the job description, can you perform the essential functions of the position with or without reasonable accommodation?

Yes No

How were you referred to Hualalai Resort? Newspaper Walk In Friend/Relative* Other*

*If Friend/Relative or Other, please provide name: _____

Have you previously worked for Hualalai Resort? No Yes When? _____

Have you previously worked for Four Seasons Resort Hualalai? No Yes When? _____

Do you have relatives or friends employed by Hualalai Resort? No Yes - State name(s) and relationship:

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? Yes No

[Note: If offered employment, you will be required to submit documentation required by Immigration Reform and Control Act.]

WORK EXPERIENCE

Please account for the last ten (10) 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 Title
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?		
Name of Supervisor:		Title:	Employer's Phone Number:	
Summarize Type of Work Performed and Job Responsibilities:				
Reason for Leaving:			Were you terminated or asked to resign, <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

Name of Next Previous Employer:				
Address		City	State	Zip Code
Starting Date		Date Last Worked		Job Title
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?		
Name of Supervisor:		Title:	Employer's Phone Number:	
Summarize Type of Work Performed and Job Responsibilities:				
Reason for Leaving:			Were you terminated or asked to resign, <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

Name of Next Previous Employer:				
Address		City	State	Zip Code
Starting Date		Date Last Worked		Job Title
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?		
Name of Supervisor:		Title:	Employer's Phone Number:	
Summarize Type of Work Performed and Job Responsibilities:				
Reason for Leaving:			Were you terminated or asked to resign, <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

If more space is required for your work experience, please attach additional sheet(s).

EMPLOYMENT GAPS

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

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EDUCATION

SCHOOL	NAME OF SCHOOL AND LOCATION	GRADUATED (YES/NO)	MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER			

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.

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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 State or Federal laws.

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REFERENCES (Please complete all items fully.)

List name and telephone number of three **business/work** references who are NOT related to you. Prefer former supervisors or professors familiar with your qualifications whom we have your permission to contact:

NAME of BUSINESS/WORK REFERENCE	TITLE (Supv/Manager)	COMPANY NAME OR AFFILIATION	PHONE NUMBER	NUMBER OF YEARS KNOWN

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 regarding this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that unless covered by a provision in the Ohana Pact, my employment is at-will and can be terminated at any time and for any reason with or without advance notice by myself or the company.
- C. I understand and agree that only members of the Executive Committee and the Vice President of Human Resources of the Resort 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 appropriate executive, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that the Resort 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 the Resort with any information (including fact or opinion) they may have regarding me. In consideration of the Resort's review of this application, I release the Resort and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment or continued employment shall be conditional on the receipt of satisfactory references as determined by the Resort. If employed by the Resort, I further authorize the Resort to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Resort 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 as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Resort, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Resort. 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 the Resort in accordance with state and/or federal laws. The Resort will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Resort with any additional consent(s) and/or release(s) as required by the Resort to investigate my employment application.
- F. I agree that the Resort may inquire into and consider any criminal conviction record that I may have after the Resort makes a conditional offer of employment. The Resort may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Resort, 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 the Resort.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform the Resort of any agreements that would limit my ability to work for the Resort.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Resort if the Resort employs me.
- J. I acknowledge that if I need reasonable accommodation in either the application process or employment, I should bring my request to the attention of the Human Resources department.

Authorization/Signature of Applicant: _____ **Date:** _____

Print Name: _____

Hualalai Resort
Applicant Questionnaire

Please complete this applicant questionnaire and return with your employment application. Mahalo!

Name: (Print) _____

Date: _____

Explain why you are seeking employment at Hualalai Resort and what are you looking for in this particular position?

What goals do you have for yourself within the next 1 to 3 years?

What did you like most about your recent job?

What did you like the least about your recent job?

What annoys you most and how do you deal with it?

What activities do you enjoy most outside of work?

How do you define success?

Applicant Signature: _____