



FOUR SEASONS RESORT
Hualalalai at Historic Kāʻiāpūlehu

Please Type or Print

DATE TODAY _____

LAST NAME	FIRST	MIDDLE
STREET ADDRESS		
CITY	STATE	ZIP
PHONE-HOME	CELL PHONE	
EMAIL ADDRESS		
TO VERIFY PREVIOUS EMPLOYMENT, PLEASE INDICATE IF YOU HAVE WORKED UNDER A DIFFERENT NAME.		

POSITION(S) DESIRED	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> ON-CALL/CASUAL
SALARY DESIRED	DATE AVAILABLE FOR WORK		
ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU HAVE WORKED FOR FOUR SEASONS HOTELS BEFORE, PLEASE STATE WHEN AND WHERE:		HAVE YOU APPLIED AT FOUR SEASONS HUALALAI BEFORE? IF YES, WHEN?	

EMPLOYMENT RECORD

List your previous experience beginning with your most recent position. (Include military experience as a job.)

**PLEASE FILL-IN COMPLETELY,
DO NOT USE "SEE RESUME"**

#1 EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED From: To:	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

#2 EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED From: To:	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

#3 EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED From: To:	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

#4 EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED From: To:	SUPERVISOR
DUTIES	
REASON FOR LEAVING	

EDUCATION AND SKILLS (answer only if job related)

AVAILABILITY

HIGH SCHOOL DEGREE OR GED EQUIVALENCY		DIPLOMA / GED	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	NAME	GRADUATED	MAJOR
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION / TRAINING: (List any special skill(s) related to the job you are applying for)			

ARE THERE ANY HOURS, SHIFTS, OR DAYS OF THE WEEK THAT YOU WILL NOT BE ABLE TO WORK? YES NO IF YES, PLEASE STATE DAYS AND REASON:			
I AM WILLING AND ABLE TO WORK:			
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY/SEASONAL	
<input type="checkbox"/> ON-CALL/CASUAL	<input type="checkbox"/> DAYS	<input type="checkbox"/> EVENINGS	<input type="checkbox"/> OVERNIGHT
<input type="checkbox"/> WEEKENDS	<input type="checkbox"/> HOLIDAYS	<input type="checkbox"/> OVERTIME	

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES NO

HOW WERE YOU REFERRED TO FOUR SEASONS? PLEASE BE SPECIFIC. ADVERTISEMENT INTERNET ON YOUR OWN

NAME OF SCHOOL:

NAME OF COMPANY EMPLOYEE:

NAME OF AGENCY:

OTHER:

DO YOU HAVE RELATIVES OR ACQUAINTANCES WORKING IN THE HOTEL? YES NO
IF YES, PLEASE LIST THEIR NAMES & RELATIONSHIP:

IF UNDER AGE 18, INDICATE DATE OF BIRTH:

IF APPLYING FOR A JOB INVOLVING ALCOHOLIC BEVERAGE SERVICE, ARE YOU AT LEAST AGE 21? YES NO

CERTIFICATION AND SIGNATURE – Please read carefully.

I declare that my answers to the questions on this application are true, and I give Four Seasons Hotels the right to investigate all references and information given. I agree that any false statement or misrepresentation on this application will be cause for refusal to hire or immediate dismissal. I affirm that I have a genuine intent and for no other purposes in applying for a job with Four Seasons Hotels. I agree that my employment will be considered “at will” and may be terminated by this company at any time without liability for wages or salary except for such as may have been earned at the date of such termination unless or until superseded by specific written employment contract. If requested by management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me and I hereby waive all claims for damages on account of such examination. I understand that Four Seasons Hotels is a Drug Free Workplace and has a policy against drug and alcohol abuse and reserves the right to screen applicants and test for cause. I acknowledge that if I need reasonable accommodation in either the application process or employment I should bring the request to the attention of the Human Resources department.

I authorize you to make such legal investigations and inquiries of my personal employment, criminal history, driving record, and other job related matters as may be necessary in determining an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I understand that an offer of employment and my continued employment are contingent upon satisfactory proof of my authorization to work in the United States of America.

CONFIDENTIAL MATERIAL AND THE PROPERTY OF
FOUR SEASONS HOTELS LIMITED

SIGN HERE: _____ DATE: _____
(APPLICANT'S SIGNATURE) MONTH/DAY/YEAR