

Ocean Sports, Nanea Kai, Inc.

P. O. Box 383699, Waikoloa, HI 96738 (808) 886-6666 Fax (808)886-9407 www.hawaii oceansports.com

APPLICATION FOR EMPLOYMENT

Personal Information: (Please Print Legibly)

Name: _____ Social Security #: _____ - _____ - _____

List other names under which you have been employed: _____

Present Address: _____

City/State Zip Code: _____

Home Telephone: _____ Cell: _____

Email Address: _____

Have you ever been convicted of any misdemeanor or felony crime? YES NO

Is yes, please indicate crime, date of conviction or disposition. (A conviction will not necessarily disqualify an applicant for employment)

EMPLOYMENT DESIRED

Position: Crew _____ Land _____ Captain _____ Bus Driver _____ Pool _____ Beach _____ Office _____

Date you are available _____ Certified in CPR/First Aid? _____

If yes, when does the certification expire? _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Are you at least 18 years old? Yes No

Have you ever applied to Nanea Kai, Inc. d/b/a OCEAN SPORTS before? Yes No

If yes, Location: _____ Month/Year _____

Can you furnish proof that you are either a U.S. Citizen or otherwise legally permitted to work in the U.S.? Yes

No If applicable, type of visa _____

Acquaintances and/or relatives employed at Nanea Kai, Inc. d/b/a OCEAN SPORTS, Inc.?

Name _____ Relationship _____ Location _____

EDUCATION

School	Name & address of school	Course Study	Last yr. Completed	Diploma/ Degree
High School				
College				
Describe Specialized Training and/or apprenticeships				

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

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Name and Address of company previously worked for:

Name: _____ Position _____

Start Date: _____ End Date _____ Final Salary _____

Duties _____

Supervisor _____ Phone _____

Reason for leaving: _____

Name and Address of company previously worked for:

Name: _____ Position _____

Start Date _____ End Date _____ Final Salary _____

Duties _____

Supervisor _____ Phone _____

Reason for leaving: _____

Name and Address of company previously worked for:

Name: _____ Position _____

Start Date _____ End Date _____ Final Salary _____

Duties _____

Supervisor _____ Phone _____

Reason for leaving: _____

Professional References:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Years Acquainted: _____

Years Acquainted: _____

Other: In case of emergency, notify: (provide name, address, phone, relationship)

The facts set forth to my application for employment are true and complete. I understand that misrepresentation or omission of the facts called for herein or receipt of unsatisfactory references may result in dismissal from the Company's service, if I shall be employed. You are hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agencies of bureaus of your choice.

I understand that if I am employed, my employment and compensation can be terminated at will, with or without cause and with or without notice at any time at the option of either the Company or myself.

I further understand that no representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further understand that the President of the Company can only enter into an agreement for a specified term and only if it is done expressly in a written document signed by the President and Employee.

I understand that employment is contingent upon successful completion of a criminal background check by either an investigative consumer report or fingerprinting and that if I do not participate in the criminal background check (a) I will not be eligible for employment and (b) any offer of employment is subject to the results of the criminal background check.

I release Nanea Kai, Inc. from any and all liability for damages which may result from conducting these investigations or obtaining any investigative reports. I further release any individual from any and all liability for damages that may result to me on account of compliance with this authorization.

I understand and agree that if employed I will faithfully comply with and abide by all company policies, including but not limited to those set forth in the Employee Policy manual, including such policies and regulations which may be posted, published or changed from time to time.

My signature attests that I have read and agree to the above.

Date _____