



# **PFI Rubbish Service, Inc.**

74-5598 Alapa Street, Kailua-Kona, HI 96740

Phone: (808)329-3440 Fax: (808)329-5507

## **EMPLOYMENT APPLICATION**

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or non-related medical condition or handicap.

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

If under 18 please list age \_\_\_\_\_ Are you a citizen of the United States of America?  Yes  No

Have you applied here before?  Yes  No When? \_\_\_\_\_ Position applied for? \_\_\_\_\_

Start When \_\_\_\_\_  Full time  Part time  Temporary  Other \_\_\_\_\_

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### **EMPLOYMENT EXPERIENCE**

*Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.*

Employer 1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

**EDUCATION**

Schools/Collages Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Describe any special qualifications for this job:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Class  1  2  3  4

Do you have a clean driving abstract?  Yes  No (A copy of your abstract may be included with application.)

Do you have a CDL License?  Yes  No If yes, Class  A  B  C  H  T  P  N  X

Can you pass a drug test?  Yes  No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT ONLY**

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Interview report by \_\_\_\_\_