



APPLICATION FOR EMPLOYMENT

Please complete all portions of the employment application in order to be considered for employment with Polynesian Adventure Tours, LLC/Gray Line Hawaii. Qualified applicants will receive consideration for all positions without discrimination because of race, color, religion, sex, age, national origin, ancestry, marital status, arrest and court record, disability, sexual orientation, veteran status, or any other category prohibited by state or federal laws.

DATE OF APPLICATION:

GENERAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Email:
Position Applying For:	Salary Expectations:	Date Available to Start:
Have you previously worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, list dates of employment: From To
Reason for leaving?		
What type of work are you looking for?		<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, how long since last employed?
Is there anything that restricts your availability for work? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, please list unavailability:
How were you referred to this position?		
Do you know anyone presently working for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, who?

EDUCATION			
Name of High School:	Address (include City, State, and Zip Code):	No. of years attended:	Degree/Diploma received:
Name of College:	Address (include City, State, and Zip Code):	No. of years attended:	Degree/Diploma received:
Name of Other:	Address (include City, State, and Zip Code):	No. of years attended:	Degree/Diploma received:

EMPLOYMENT HISTORY

Starting with present or MOST RECENT, please list all previous employers within the past **ten (10)** years. Include self-employment, military service, seasonal/temporary, and part-time jobs. Please attach additional sheets if necessary, following the same format.

I consent to and authorize POLYNESIAN ADVENTURE TOURS/GRAY LINE HAWAII and its affiliates ("Company") to make a full and complete investigation of my personal and employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or any other entity to provide to Company with any information of any sort (including fact or opinion) they may have regarding me.

It is the policy of the Company to hire only American citizens and aliens who are authorized to work in the United States. I understand that as a condition of my employment with the Company, I will be required to produce original documents establishing my identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9 in compliance with the Immigration Reform and Control Act of 1986. In consideration of the Company's review of this Application, I release the Company and all providers of any information from any liability as a result of furnishing and receiving this information.

I agree that the Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company 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 that involves certain Family Court matters will not be considered.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.** I understand and agree that only the President of the Company has the authority to enter into any agreement to employ me for any specified period of time or to modify my status as an at-will employee and that any such agreement must be made in writing.

This certifies that this application was completed by me, and that all entries on it and information provided on it are true and complete to the best of my knowledge. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Applicant's Signature

Date

FOR COMPANY USE (Include Dates)			
HR Pre-Screening:	Interview #1:	Interview #2 (if applicable):	Scheduled Date of NHP: