APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race; color; ancestry; national origin; religion; citizenship; gender; sexual orientation; age; disability; marital status; veteran/military status; arrest and court record; or any other factor unrelated to job performance or job requirements.

Last Name:	First Name:		Middle Initial:	
Mailing Address:				
City:	State:		_ Zip Code:	
Telephone Number(s): Email:		Cell #		
Date of application:				
Postion(s) applied for:				
How did you learn about us?				
DAdvertisement	□Inquiry	□Friend	□Rela	tive
Employment Agency				
Best time to contact you at h	ome:			am/pm
Have you ever filed an applic If Yes, give date:		re?	□Yes	□No
Have you ever been employed with us before? If Yes, give date:			□Yes	□No
Do any of your friends, relati If Yes, state name, relationsh location:	ip, and		□Yes	□No
Are you currently employed? If Yes, give company name:				□No
May we contact your present If Yes, give contact name & number:	1		□Yes	□No
Date available for work	//	What is your desired	salary range?	
	DRESS: 57-1809 KOHALA PHONE: (808) 889-05	DX 617 KAPA'AU, HAWAII A MOUNTAIN ROAD HAW 581 FAX: (808) 889-5567 netzlercontracting.com		

METZLER CONTRACTING CO. LLC

Are you available to work:	□Full Time	□Part Time	□Temporary		
Are you currently on "lay-off" status and subject to recall?			□Yes	□No	
Can you travel if a job requires it?				□Yes	□No
Highest level of education completed:					

Work Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion gender national origin, disabilities or other protected status.

Employer:			
Address:			
Telephone Number(s)):		
Starting/Present Job 7	Title:		
Supervisor:			
Dates Employed:	From:	To:	
Reason for leaving:			
Hourly Rate/Salary:	Starting:	Final:	
Worked Performed:	_		
May we contact?			
Employer:			
Address:			
Telephone Number(s)):		
Starting/Present Job	Title:		
Dates Employed:	From:	To:	
	Starting:		
Worked Performed:			
May we contact?			
Employer:			
1 2			
Telephone Number(s)):		
Starting/Present Job	Title:		
-	From:		
Reason for leaving:			
	Starting:		

MAILING ADDRESS: PO BOX 617 KAPA'AU, HAWAII 96755 PHYSICAL ADDRESS: 57-1809 KOHALA MOUNTAIN ROAD HAWI, HAWAII 96719 PHONE: (808) 889-0581 FAX: (808) 889-5567 EMAIL: mail@metzlercontracting.com Comments (include explanation of any gaps in employment):_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities:_____

Describe any job-related training received in the Unites States military:_____

List professional, trade, business or civic activities and offices held (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

Additional Information:

Other Qualifications/Specialized Skills (summarize special job-related skills and qualifications acquired from employment or other experience):

State any additional information you feel may be helpful to us in considering your application:_____

METZLER CONTRACTING CO. LLC

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \Box Yes \Box No

Personal/Professional References (do not include family members or past supervisors.)

Name:
Phone Number:
Best Time To Call:
Occupation:
Name:
Phone Number:
Best Time To Call:
Occupation:
Name:
Phone Number:
Best Time To Call:
Occupation:

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

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