



Employment Application

We Consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

YES - WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Address: City:	State:	Zip Code:
Telephone(s):	Social Security Number:	
In Case of Emergency Notify: Telephone:		
Position Applied For: Date You Can Start:		
How did you learn about us?		
Are you currently employed?		
May we contact your present employer?		
Are you available to work:	Full Time	Part Time Temporary
Are you currently on "Lay-Off" status and subject to recall?	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No		

Kalihi • Aiea • Ward • Kaneohe • Maui
Hilo • Kona • Kauai • Guam

2250 Kamehameha Highway • Honolulu, Hawaii 96819

Ph (808) 847-3218 • Fax (808) 842-3924 • www.aceautoglass.net

EMPLOYMENT HISTORY

Employer:	Dates Employed From: _____ To: _____	Job Title:
Address:	City, State, Zip Code:	Work Performed:
Telephone:	Supervisor:	
Reason For Leaving:	Hourly Rate/Salary Starting: _____ Final: _____	

Employer:	Dates Employed From: _____ To: _____	Job Title:
Address:	City, State, Zip Code:	Work Performed:
Telephone:	Supervisor:	
Reason For Leaving:	Hourly Rate/Salary Starting: _____ Final: _____	

Employer:	Dates Employed From: _____ To: _____	Job Title:
Address:	City, State, Zip Code:	Work Performed:
Telephone:	Supervisor:	
Reason For Leaving:	Hourly Rate/Salary Starting: _____ Final: _____	

REFERENCES

Name:	Phone:
Address:	Years Acquainted:

Name:	Phone:
Address:	Years Acquainted:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 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: _____ Date: _____

Background Check Authorization and General Release Form- Employment

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Ace Auto Glass Inc.** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; and any other public records.

I hereby authorize without reservation, any party or agency contacted by **Ace Auto Glass Inc.** or authorized representatives, to furnish orally or in writing all requested information.

I hereby authorize and release **Ace Auto Glass Inc.** or other authorized representatives of the company, their respective affiliates, employees, agents, attorneys and other sources providing information from all claims and damages arising out of or relating to any investigations of my background for employment purposes.

I agree this General Release shall remain in force during the tenure of my employment. Falsifying any information on this release form will constitute the declination of any pending job offers or continued employment with **Ace Auto Glass Inc.**

I understand that a copy of this authorization may be given at any time, provided I do so in writing. I understand that, pursuant to the Federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

It is agreed that a photocopy or facsimile of this authorization is to have the same force and effect as the original.

Signature

Date

Print Name

Social Security Number

Address:

Date of Birth:

Known by Another Name:

Instructions to client:

- (1) Obtain the employee's signature before conducting background checks
- (2) Forward signed authorization forms to ProService Hawaii via fax 394-6592, Attn: HR Services
- (3) Do not conduct background checks without consulting ProService

DRUG TEST AUTHORIZATION PERMISSION FORM

I, _____ acknowledge that I have been advised that I may be required to submit to a drug screen test as part of the Drug and Alcohol Abuse policy of **Ace Auto Glass Inc.** Such drug test may be a requirement of the company's pre-employment background check program, or part of the company's random drug testing program. I further understand that the Drug and Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy. Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory, ProService Hawaii and/or **Ace Auto Glass Inc.** of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the past 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of ProService Hawaii and/or **Ace Auto Glass Inc.** for appropriate review. I release ProService Hawaii, Ace Auto Glass and its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of **Ace Auto Glass Inc.** is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of **Ace Auto Glass Inc.**, failure to acknowledge the policy with my signature below may prohibit my employment with **Ace Auto Glass Inc.**

A photocopy of this authorization shall be deemed an original and shall be accepted as such by **every person.**

Signature

Date

Time

Social Security Number