

Waikele Self Storage



Centrally Located (2 Minutes from Waikele off-ramp)
at end of Pakela Street

94-990 Pakela Street Waipahu, Hawai'i 96797
Phone: (808) 677-1700 Fax: (808) 678-1701 Email: info@waikeleselfstorage.com

Employment Application

Personal Information

Full Name: _____ Social Security # _____
Last First Middle

Address: _____
Street Apt # City State Zip Code

Phone: _____ Cellular: _____ Email Address: _____

Are you eligible to work in the United States? Yes No, Explain: _____

If you are under age 18, do you have a work permit? Yes No, explain _____

Have you ever been convicted of, pleaded guilty or no contest to a felony or crime? Yes No

If yes, explain: _____

Position / Availability

Position applying for: _____ Date Available: _____

Type of Employment desired: Full Time Part Time Temporary

Days / Hours Available:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Are you able to furnish a valid Driver's License? Yes No If yes, Driver's License # _____

References

Name	Address	Phone	Occupation	Relation

Education

School	Address	# of Years	Major	Degree/Diploma
High School				
College				
Other				

Employment History - Please begin with your current or most recent employer:

1. Employer _____ Dates of Employment From _____ to _____
Address _____ Phone _____
Position/Title _____ Supervisor _____ Ending Salary _____
Responsibilities/Duties _____

Reason for Leaving _____

2. Employer _____ Dates of Employment From _____ to _____
Address _____ Phone _____
Position/Title _____ Supervisor _____ Ending Salary _____
Responsibilities/Duties _____

Reason for Leaving _____

3. Employer _____ Dates of Employment From _____ to _____
Address _____ Phone _____
Position/Title _____ Supervisor _____ Ending Salary _____
Responsibilities/Duties _____

Reason for Leaving _____

We may contact any or all of your employers listed for reference!

Special Skills or Qualifications - Please share any special skills or qualification you may have with us.

Please tell us what Leadership & Team work mean to you: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, and any other related matters as may be necessary for an employment decision. I understand that false or misleading information may be grounds for immediate termination of employment if hired at anytime.

Signature of Applicant _____ Date _____