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APPLICATION FOR EMPLOYMENT

Thank you for your interest in Ingage, Inc. Ingage, Inc. is an equal opportunity employer, we do not discriminate on the basis of age, sex, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, or other protected categories in accordance with state and federal laws. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties. If you require accommodation during the employment process, including assistance in the completion of this employment application, please let us know. This employment application is valid for a three-month period after submission and only for the position applied.

GENERAL INFORMATION (Please Print)

Name: <small>First</small> <small>MI</small> <small>Last</small>			Social Security No.:	
Address:		City:	State:	Zip
Home Phone:	Business Phone:		Cell Phone:	
Email Address:		Today's Date: <small>MM/DD/YYYY</small>		

Position Applying For:		How did you hear of this position?		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Salary Desired: <small>\$/yr</small>	Date Available to Start Work: <small>MM/DD/YYYY</small>	
<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call			

EMPLOYMENT RECORD

Please start with the most recent employment and account for any gaps in employment.

Company Name:		Position:	Start Date:	End Date
Address:		City:	State:	Zip:
Reason for Leaving:			Starting Salary:	Ending Salary:
Telephone Number:	Supervisor Name:		Supervisor Title:	
Duties Performed:				

EMPLOYMENT RECORD (continued)

Company Name:		Position:	Start Date:	End Date
Address:		City:	State:	Zip:
Reason for Leaving:			Starting Salary:	Ending Salary:
Telephone Number:	Supervisor Name:		Supervisor Title:	
Duties Performed:				

Company Name:		Position:	Start Date:	End Date
Address:		City:	State:	Zip:
Reason for Leaving:			Starting Salary:	Ending Salary:
Telephone Number:	Supervisor Name:		Supervisor Title:	
Duties Performed:				

Company Name:		Position:	Start Date:	End Date
Address:		City:	State:	Zip:
Reason for Leaving:			Starting Salary:	Ending Salary:
Telephone Number:	Supervisor Name:		Supervisor Title:	
Duties Performed:				

EDUCATION AND TRAINING

	Name of School	Years Completed	Diploma/Degree/Certificate Earned
High School			
Technical/Trade			
College/University (Undergraduate)			
College/University (Post-Graduate)			
Other job skills (computer, language, etc.) related to the job you are applying for:			

EXTRA-CURRICULAR / VOLUNTEER ACTIVITIES

Extra-Curricular Activities	
Volunteer Activities	

OTHER

Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been employed or attended school using any other name? If yes, please indicate names previously used: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have friends or relatives working for the Company? If yes, who? _____ Relationship to you? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the job with reasonable accommodations? If no, please indicate how you can properly and safely perform the duties of the position with accommodations: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROFESSIONAL REFERENCES (other than relatives)

Name:	Occupation/Title:
Company Name:	Business Address:
How long have you known him/her?	Telephone No.:
Name:	Occupation/Title:
Company Name:	Business Address:
How long have you known him/her?	Telephone No.:

PERSONAL REFERENCES (other than relatives)

Name:	Occupation/Title:
Address:	Telephone No.:
Name:	Occupation/Title:
Address:	Telephone No.:

CERTIFICATION

Initial	I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentations, or omissions, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination if discovered after hire.
Initial	I consent to and authorize Ingage, Inc. to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide Ingage, Inc. with any information of any sort (including fact or opinion) they may have regarding me related to my suitability for employment. In consideration of Ingage, Inc.'s review of this application, I release Ingage, Inc. and all providers of any information from any liability as a result of furnishing and receiving this information.
Initial	If employed by Ingage, Inc., I agree to conform to the guidelines and policies of the Company. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Ingage, Inc. or myself. I understand that the President of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours, and working conditions) as it deems appropriate.
Initial	I understand and agree that any offer of employment, my continued employment, and the terms, conditions, and privileges of my employment shall be conditional and terminable based on any arrest, court, or conviction record that I may now have or may have in the future, as provided for in H.R.S. §378.3.
Initial	Although Ingage, Inc. makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than the weekdays. I understand and accept these as conditions of my employment.
Initial	I understand and agree that all the foregoing terms and conditions will become part of my employment relationship with Ingage, Inc. if Ingage, Inc. employs me.

Authorization/Signature of Applicant: _____ Date: _____