



ENVISIONS ENTERTAINMENT & PRODUCTION, INC.
 36 Pa'a Street, Kahului, HI 96732 (808)874-1000

APPLICATION FOR EMPLOYMENT

This application for employment will be considered active for the period of time not to exceed 30 days from today's date.

This job application can also be filled out online:

<https://drive.google.com/file/d/1kS7dyfNNu8zz4wgc59X1iUV0bgIT3x0k/view?usp=sharing>

Position (s) Applying For:		Date of Application		
How Did You Learn About Us?				
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Contact Number(s)		Email		

Best Time to contact you.....: ____AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....YES/ NO

Date you are available to start (Month, Day, Year) _____

Are you available to work:

- Full Time (Mornings/Afternoon: SET UP)
- Full-Time (Evenings: BREAKDOWN)
- Part Time (Mornings/Afternoons: SET UP)
- Part-Time (Evenings: BREAKDOWN)
- On Call/Casual

Can you travel if a job requires it?.....YES/ NO

EDUCATION

School	Name, City, State	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

State any additional information you feel may be helpful to us in considering your application (Special training, skills, etc. as it pertains to the job description:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude Organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.			
Employer	Dates Employed		Work Performed
Address	From	To	
Phone			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact:
Employer	Dates Employed		Work Performed
Address	From	To	
Phone			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact:
Employer	Dates Employed		Work Performed
Address	From	To	
Phone			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact:
Employer	Dates Employed		Work Performed
Address	From	To	
Phone			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact:



APPLICANT'S STATEMENT

By signing below, I agree and acknowledge the following:

I certify that answers given 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.

I 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 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 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

Thank you for taking the time to apply with our company. Your application will be reviewed and someone will be in contact with you via email or text.