

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/ MAJOR
High School		1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>	
College		1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Business, Trade or Correspondence		1 2 3 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please list any subjects of special study or research:

Do you have a valid driver's license? Yes No Which State issued your license? _____

License No. _____ Exp. Date _____

EMPLOYEE RIGHTS & ARBITRATION

I understand that this is an application and not a contract of employment. If employed, either I or Hawaii Reserves, Inc. (HRI) can end the employment, which is at will, with or without cause and with or without notice to the other. Because of the delay and expense which results from the use of the federal and state court systems, if employed, I and HRI agree to submit to binding arbitration any controversies concerning my compensation, employment, or termination of employment, rather than to use the court system. In any such arbitration, the American Arbitration rule shall govern the procedure, and the Federal Arbitration Act shall govern the substance of such controversies.

I understand that HRI will conduct a background check on all candidates for employment and that it is committed to maintaining a DRUG-FREE workplace; all offers of employment are contingent upon successful completion of a pre-employment drug screen. I agree to take and pass any physical or drug/alcohol screening examination (paid by the company) as part of a conditional employment offer, and to comply with all reasonable rules of the company as conditions of continued employment.

I certify that this application is true and correct and contains no misrepresentations or falsifications and that all information provided is true and correct to the best of my knowledge and belief. I am aware and hereby agree that should an investigation at any time reveal or disclose any such misrepresentation, omission, or falsification, my application will be rejected; or if employed by HRI, I will be terminated from employment. I further authorize HRI to contact my former employers and references and authorize them to answer any questions or give truthful information about me that is within their knowledge or records.

SIGNATURE OF APPLICANT: _____

DATE _____