



CAREER FAIR
Friday 18 May 2018: 10:00AM to 2:00PM
NEHELANI BANQUET CENTER SCHOFIELD BARRACKS

REGISTRATION FORM

Company Name: _____ FAX: _____

Name of Point of Contact and email: _____

_____ YES, our company would like to attend the US Army, Hawaii Career Fair on **Friday, 18 May, 2018, at the Nehelani Banquet Center**, Kolekole Ave., at Schofield Barracks, HI 96857 from **10:00a.m. to 2:00 p.m.**

_____ NO, our company will not be able to attend.

<p>The following company information will be provided to Job Seekers.</p> <p>Company Name: _____</p> <p>Company Website: _____</p> <p>Company Phone Number: _____</p> <p>Type of Business: _____</p> <p>_____</p> <p>Will you be accepting hard copy resumes: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Will you conduct onsite interviews: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Each company will be provided a rectangular table for set-up with two chairs. You will be responsible for table cloths and decorating your table.</i></p>

REGISTRATION DEADLINE 30 April 2018
Caron Ferguson, Employment Readiness Program Manager, caron.g.ferguson.civ@mail.mil,
or Mary Ann Scott, ACS Program Specialist, maryann.c.scott.civ@mail.mil
ACS Employment Readiness Program (808) 655-4227



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INSTALLATION ACCESS

NOTE: Please complete this form to ensure Career Fair Employer representatives (who do not have a CAC card) are able to gain expedited access to the Schofield installation for the Career Fair. We ask that you take the time to include ALL of the requested information. INCOMPLETE FORMS CANNOT BE PROCESSED. Thank you.

Company Name: _____ Phone No: _____

Company POC Name: _____ Email: _____

Name of Employee: _____ <i>(Primary Employee)</i>			
First Name	Middle Initial	Last Name	
Date of Birth: _____	Ethnicity: _____	Gender: M	F

Name of Employee: _____ <i>(Additional Employee)</i>			
First Name	Middle Initial	Last Name	
Date of Birth: _____	Ethnicity: _____	Gender: M	F

Alternate Employee: _____			
First Name	Middle Initial	Last Name	
Date of Birth: _____	Ethnicity: _____	Gender: M	F

** Requesting alternate to expedite access if primary representatives unable to attend.*

Suspense Date: COB, Monday 30 April 2018

POC: Mary Ann Scott @ maryann.c.scott.civ@mail.mil

Thank you in advance for your cooperation and we look forward to seeing you at the event.
Mahalo!

ACS, Employment Readiness Program

Mary Ann Scott / 808-655-4354 Caron Ferguson/808-655-1718