



3560 Koloa Road  
 Kalaheo, HI 96741  
 Phone: (808) 332-7381 \* Fax: (808) 332-7596

### APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application.

#### PERSONAL INFORMATION

|   |   |      |  |     |
|---|---|------|--|-----|
| NAME (LAST NAME, FIRST)   |   |      |  |     |
| HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal conviction check) |   |      |  |     |
| PRESENT ADDRESS   | APT NO.   | CITY | STATE  | ZIP |
| PHONE   | SOCIAL SECURITY NUMBER  |      | CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>[NOTE: If offered employment you will be required to submit documentation required by IRCA] |     |
| CELLULAR  | (PLEASE BE ADVISED THAT UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, YOUR AUTHORIZATION TO WORK.) |      |  |     |
| E-MAIL  |   |      |  |     |

#### DESIRED EMPLOYMENT

|   |                    |                |
|---|--------------------|----------------|
| DESIRED POSITION*   | DATE YOU CAN START | SALARY DESIRED |
| HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | WHERE?             | WHEN?          |
| HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | WHERE?             | WHEN?          |
| WHO REFERRED YOU TO THIS COMPANY?   |                    |                |
| <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND |                    |                |
| <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER |                    |                |
| APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK AT ALL OTHER TIMES?  |                    |                |

*\*NOTE: if hired, you will be required to perform work as required by the Company*

## FORMER EMPLOYERS

*Please account for the last ten years of employment*

**FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY.**

|   |                                 |  |                         |
|---|---------------------------------|--|-------------------------|
| NAME OF PRESENT OR LAST EMPLOYER  |                                 |  |                         |
| ADDRESS   |                                 | CITY   | STATE<br>ZIP            |
| STARTING DATE   | DATE LAST WORKED                | JOB TITLES   |                         |
| WEEKLY STARTING SALARY/HOURLY RATE  | WEEKLY FINAL SALARY/HOURLY RATE | MAY WE CONTACT YOUR SUPERVISOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, WHY? |                         |
| NAME OF SUPERVISOR  |                                 | TITLE  | EMPLOYER'S PHONE NUMBER |
| DESCRIPTION OF WORK   |                                 |  |                         |
| REASON(S) FOR LEAVING, IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN: |                                 |  |                         |

|   |                                 |  |                         |
|---|---------------------------------|--|-------------------------|
| NAME OF PRESENT OR LAST EMPLOYER  |                                 |  |                         |
| ADDRESS   |                                 | CITY   | STATE<br>ZIP            |
| STARTING DATE   | DATE LAST WORKED                | JOB TITLES   |                         |
| WEEKLY STARTING SALARY/HOURLY RATE  | WEEKLY FINAL SALARY/HOURLY RATE | MAY WE CONTACT YOUR SUPERVISOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, WHY? |                         |
| NAME OF SUPERVISOR  |                                 | TITLE  | EMPLOYER'S PHONE NUMBER |
| DESCRIPTION OF WORK   |                                 |  |                         |
| REASON(S) FOR LEAVING, IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN: |                                 |  |                         |

|   |                                 |  |                         |
|---|---------------------------------|--|-------------------------|
| NAME OF PRESENT OR LAST EMPLOYER  |                                 |  |                         |
| ADDRESS   |                                 | CITY   | STATE<br>ZIP            |
| STARTING DATE   | DATE LAST WORKED                | JOB TITLES   |                         |
| WEEKLY STARTING SALARY/HOURLY RATE  | WEEKLY FINAL SALARY/HOURLY RATE | MAY WE CONTACT YOUR SUPERVISOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, WHY? |                         |
| NAME OF SUPERVISOR  |                                 | TITLE  | EMPLOYER'S PHONE NUMBER |
| DESCRIPTION OF WORK   |                                 |  |                         |
| REASON(S) FOR LEAVING, IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN: |                                 |  |                         |

|   |                                 |  |                         |     |
|---|---------------------------------|--|-------------------------|-----|
| NAME OF PRESENT OR LAST EMPLOYER  |                                 |  |                         |     |
| ADDRESS   |                                 | CITY   | STATE                   | ZIP |
| STARTING DATE   | DATE LAST WORKED                |  | JOB TITLES              |     |
| WEEKLY STARTING SALARY/HOURLY RATE  | WEEKLY FINAL SALARY/HOURLY RATE | MAY WE CONTACT YOUR SUPERVISOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, WHY? |                         |     |
| NAME OF SUPERVISOR  |                                 | TITLE  | EMPLOYER'S PHONE NUMBER |     |
| DESCRIPTION OF WORK   |                                 |  |                         |     |
| REASON(S) FOR LEAVING, IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN: |                                 |  |                         |     |

### EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--------------|-----------------------------|-------------------|------------------|
| HIGH SCHOOL  |                             |                   |                  |
| COLLEGE      |                             |                   |                  |
| OTHER        |                             |                   |                  |

### REFERENCES

*GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND WHOM WE CAN CONTACT.*

|   | NAME | ADDRESS | YEARS KNOWN | PHONE NUMBER |
|---|------|---------|-------------|--------------|
| 1 |      |         |             |              |
| 2 |      |         |             |              |
| 3 |      |         |             |              |

### JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

*SUMMARIZE YOUR JOB SKILLS, TRAINING AND/OR STUDY THAT ARE RELEVANT FOR THE DESIRED POSITION. ALSO, EXPLAIN ANY PERIODS THAT YOU WERE NOT WORKING. USE ADDITIONAL PAPER IF NECESSARY.*

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## CERTIFICATION

### PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true, correct, and complete. I understand that any false or misleading statements or omissions made in this application or interview(s) are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and how discovered.
- B. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the President of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to a drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The company will keep such results confidential and disclose results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. I agree that the Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Company.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and I will inform the Company of any agreements that would limit my ability to work for the Company.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Authorization/Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_