

EMPLOYMENT APPLICATION

All applicants will receive consideration for employment without regard to race, color, religion, sex, age, marital status, arrest and court record, national origin or disability. The following information is requested in order to help us make the best possible placement within the company.

Our company subscribes to a DRUG FREE WORKPLACE policy. YOU MAY BE REQUIRED TO SUBMIT TO A DRUG SCREEN AS PART OF YOUR INITIAL APPLICATION PROCESS. All portions of this application pertaining to you must be completed.

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

Phone: _____

POSITION DESIRED

Position applying for _____

Date you can begin work _____

Do you hold a Hawaii Driver's License? _____

Expiration Date _____ Can you provide a traffic abstract? _____

Federal law prohibits the employment of unauthorized persons. Should you be hired, satisfactory proof of employment authorization and identity will be required within 3 working days of hire. Failure to submit such proof will result in immediate dismissal.

Can you provide proof of citizenship/authorization to work and 2 Identifications? _____

Are you available full time (40 hrs/week) Monday-Friday approximately between 6:00 am to 3:00 pm? _____

If required, are you available to work Weekends? _____

SKILLS

Are you able to carry 50lbs? _____

Are you able to bend/squat for long periods? _____

List all machinery/equipment you are able to operate _____

Are you able to perform the essential functions of the job you are applying for with reasonable care and in a safe & efficient manner? _____

WORK EXPERIENCE

Please account for all time for the last 5 years. Begin with your most recent job.

Present/Past Employer: _____

Title/Description of Duties _____

Machinery/Equipment Operated _____

From Month/Year _____ To Month/Year _____

Starting Wage/Salary _____ Ending Wage/Salary _____

Supervisor _____ Phone _____

Address _____

Present/Past Employer: _____

Title/Description of Duties _____

Machinery/Equipment Operated _____

From Month/Year _____ To Month/Year _____

Starting Wage/Salary _____ Ending Wage/Salary _____

Supervisor _____ Phone _____

Address _____

Present/Past Employer: _____

Title/Description of Duties _____

Machinery/Equipment Operated _____

From Month/Year _____ To Month/Year _____

Starting Wage/Salary _____ Ending Wage/Salary _____

Supervisor _____ Phone _____

Address _____

Present/Past Employer: _____

Machinery/Equipment Operated _____

Title/Description of Duties _____

From Month/Year _____ To Month/Year _____

Starting Wage/Salary _____ Ending Wage/Salary _____

Supervisor _____ Phone _____

Address _____

EDUCATION

High School _____ Graduated? _____

College _____ Years Attended _____
Graduated? _____ Area of Study _____

Military Branch of Service _____ Rank/Grade _____

CONSENT FOR BACKGROUND CHECK

It is the intent of the Company to keep all information we receive during any background investigation private & confidential. Please read & sign the following statement below allowing the Company to verify past employment information give on this application.

"I hereby agree to have an assigned company representative contact anyone necessary to investigate or verify any information I have given on this application, or to discuss my background, past performance or my suitability for employment. I further agree to having my work background discussed by any person so contacted, and waive all my rights to bring any action for defamation, invasion of privacy, or any other similar cause of action, against anyone contacted as a result of what is said about me. I also understand that the information I supply will be checked and that any false statement or omission of fact or facts in connection with this application for employment will result in no offer of employment or dismissal from the Company if I am employed."

Signature: _____

Date: _____

I certify that the answers given in this application are true & complete to the best of my knowledge. I understand that any false statements or omissions on this application could result in my separation from the Company. I agree that if I am employed I will follow the Company rules subject to disciplinary action. I understand the company is an at-will employer, which means that any term of employment is for no definite period of time regardless of the date or payment of wages. If I am employed, such employment may be ended without cause or notice. No verbal agreement made during this application or interview process can be relied upon unless such agreements are in writing. I understand that if the company hires me, my employment is conditional on my ability to provide proof of work authorization and identity as required by Federal Law and the completion of any post employment requirement of the employer.

Signature: _____

Date: _____