



HINA MAUKA

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 recognized by state and federal laws. This employment application is valid for a six-month period after submission to the Company and only for the desired position. Consideration for employment after the six-month period requires completion and submission of a new application.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		
HAVE YOU EVER USED ANY OTHER NAMES? (For background and criminal conviction check)		
PRESENT ADDRESS	APT.NO. CITY	STATE ZIP
PHONE CELL EMAIL	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY CARD. PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER BELOW.	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO (NOTE: If offered employment you will be required to submit documentation required by IRCA.

DESIRED EMPLOYMENT

DESIRED POSITION	DATE AVAILABE TO START	SALARY DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT HINA MAUKA BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
WHO REFERRED YOU TO THIS COMPANY?		
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

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

CERTIFICATION(S)

CERTIFICATION	EXPIRATION DATE

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	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 CODE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 CODE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 CODE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 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:			

REFERENCES

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

NAME	E-MAIL ADDRESS	YEARS KNOWN	IS THIS REFERENCE PROFESSIONAL OR PERSONAL	PHONE NUMBER

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.

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 CEO of Hina Mauka has any authority to enter into any agreement to employ me for any specific 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 CEO, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that Hina Mauka 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 Hina Mauka with any information (including fact or opinion) they may have regarding me. In consideration of Hina Mauka's review of this application, I release Hina Mauka and all providers of any information from any liability which may arise as a result of furnishing and receiving information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by Hina Mauka. If employed by Hina Mauka, I further authorize Hina Mauka to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against Hina Mauka 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 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 Hina Mauka, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to Hina Mauka in accordance with state and/or federal laws. Hina Mauka will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide Hina Mauka with any additional consent(s) and/or release(s) as required by Hina Mauka to investigate my employment application.
- F. I agree that Hina Mauka may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. Hina Mauka 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 Hina Mauka, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by Hina Mauka.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Hina Mauka of any agreements that would limit my ability to work for Hina Mauka.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Hina Mauka if I am employed by Hina Mauka.

Authorization/Signature of Applicant: _____ Date: _____

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department. Please return completed forms to the HR Department.

NAME: _____

POSITION APPLYING FOR: _____

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I decline to self-identify.

Date completed: _____

Please return form to the HR Department. Thank you for your participation.



Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

- I am not a veteran. (I did not serve in the military.)
- I belong to the following classifications of protected veterans (Choose all that apply):
- DISABLED VETERAN
 - RECENTLY SEPARATED VETERAN
 - Military Discharge Date (MM/DD/YYYY): _____
 - ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
 - ARMED FORCES SERVICE MEDAL VETERAN
- I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)
- I choose not to identify my veteran status.

Print Name / Signature

Date