



EMPLOYMENT APPLICATION



STORE APPLYING FOR (check one only)

KTA Keawe St. KTA Kailua-Kona KTA Puainako KTA Warehouse KTA Administration KTA Keauhou KTA Waimea Waikoloa Village Market

COMPLETE ALL BLANKS. IF NOT APPLICABLE, STATE "N/A".

DATE _____

JOB(S) YOU ARE APPLYING FOR: _____
(List in order of preference)

EMPLOYMENT TYPE (Check one only) Full Part Seasonal Only

NAME ON SOCIAL SECURITY CARD _____
(last) (Jr., Sr., etc.) (first) (middle)

TELEPHONE NUMBER (_____) _____ Unlisted? Yes No

EMAIL ADDRESS _____

MAILING ADDRESS _____
(p.o. box or street) (city) (state) (zip)

HOME ADDRESS _____
(p.o. box or street) (city) (state) (zip)

LIST YOUR HOBBIES & INTERESTS: _____

DO YOU KNOW ANYONE PRESENTLY WORKING FOR OUR COMPANY? Yes No If Yes, Whom? _____

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME _____ TEL. NO. (_____) _____

PERSONAL REFERENCES (do not name relatives)

1. NAME _____ TEL. NO. (_____) _____
EMAIL ADDRESS _____
OCCUPATION _____ How do you know this person? _____

2. NAME _____ TEL. NO. (_____) _____
EMAIL ADDRESS _____
OCCUPATION _____ How do you know this person? _____

WERE YOU PREVIOUSLY EMPLOYED BY KTA OR WAIKOLOA VILLAGE MARKET? Yes No

If yes, from _____ to _____ Name used at that time _____

TIMES AVAILABLE TO WORK

SUN	MON	TUES	WED	THUR	FRI	SAT

When can you start work? _____ Are you legally authorized to work in the United States? Yes No

You may want to attach (but not required): resume, school transcripts, letter(s) of recommendation, etc.

- This application will be kept in our active file for six (6) months.
- State law requires all minors to apply for a certificate of employment at the State Department of Labor. State and Federal law limits minors from certain hazardous occupations and work hours.
- As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9.
- Before you are allowed to work, you may need the following: Copy of TB Test certified by State Department of Health; Original WORK PERMIT, if under age 18

STORE USE ONLY

Received by _____

Referred by _____

EDUCATION	Name and Address of School	No. of Years Completed?	Did You Graduate?	Subjects Studied and Degrees Received
JR. HIGH / INTERMEDIATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (Trade school, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY (list your most recent employer first)

1. NAME OF EMPLOYER _____ TYPE OF BUSINESS _____

MAILING ADDRESS _____ TEL. NO. (_____) _____
(p.o. box or street) (city) (state) (zip)

YOUR DUTIES _____

SUPERVISOR'S NAME _____

DATE STARTED _____ DATE LEFT _____ WAGE RATE _____

WERE YOU TERMINATED? Yes No IF NOT, REASON FOR LEAVING _____

IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER PRIOR TO BEING HIRED? Yes No

2. NAME OF EMPLOYER _____ TYPE OF BUSINESS _____

MAILING ADDRESS _____ TEL. NO. (_____) _____
(p.o. box or street) (city) (state) (zip)

YOUR DUTIES _____

SUPERVISOR'S NAME _____

DATE STARTED _____ DATE LEFT _____ WAGE RATE _____

WERE YOU TERMINATED? Yes No IF NOT, REASON FOR LEAVING _____

IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER PRIOR TO BEING HIRED? Yes No

3. NAME OF EMPLOYER _____ DATE STARTED _____ DATE LEFT _____

4. NAME OF EMPLOYER _____ DATE STARTED _____ DATE LEFT _____

5. NAME OF EMPLOYER _____ DATE STARTED _____ DATE LEFT _____

6. NAME OF EMPLOYER _____ DATE STARTED _____ DATE LEFT _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if needed)

Why do you want to be a _____?
(fill in position applying for)

How important is a _____ in an organization's overall effectiveness? Why?
(fill in position applying for)

How do you develop trust and mutual understanding with your supervisor?

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 regarding this application or during the interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and/or how discovered.
- B. I understand that if I am employed by Puna Plantation Hawaii, Ltd. dba KTA Super Stores and Waikoloa Village Market ("Company"), **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY EITHER MYSELF OR THE COMPANY.**
- 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, consent to 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 that any offered employment or continued employment by the Company, shall be conditional upon 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 I 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 as a condition of employment that I will be required to submit to drug testing and may be required to submit to 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 and any employee of the clinical laboratory or physician's office 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 the 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 or for any other employment purposes.
- F. I hereby give Clinical Laboratories of Hawaii or any other clinical laboratory and its agents, permission to release the test results only to the Company or its authorized agent. I also release and hold Clinical Laboratories of Hawaii or any other clinical laboratory and any of its contracting facilities harmless from any consequences resulting from any personnel decision made by my employer or prospective employer based upon the disclosure of the test results.
- G. If applicant is a minor (under 18 years old), the consent of parent or legal guardian shall constitute a continuing consent for release of information and additional drug analysis until the minor reaches the age of 18 or terminates employment with the Company, whichever comes first.
- H. 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 involves Family Court matters will not be considered.
- I. 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 dependent upon the receipt of a satisfactory military record as determined by the Company.
- J. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform the Company of any agreements that would limit my ability to work for the Company. I further agree to allow the Company to use my image or likeness for promotional and/or training purposes, even if I am no longer employed by the Company.
- K. I understand, consent to 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 _____

Print Name

Signature of Parent/Legal Guardian (if applicant is under 18 years of age)

Date _____

**DISCLOSURE AND AUTHORIZATION
TO OBTAIN CONSUMER REPORT**

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

Authorization

I hereby acknowledge that the Company has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: _____

Date: _____

Print Name: _____