

## **EMPLOYMENT APPLICATION**

STORE APPLYING FOR (check one only)

☐ KTA Central Warehouse	☐ KTA Alternate Warehouse	☐ KTA Administration	☐ KTA Waimea		☐ KTA Waikoloa Village
COMPLETE ALL BI	LANKS. IF NOT APPL	ICABLE, STATE "N	I/A".	How did y	ou learn of this opportunity
DATE				☐ Job Fair	□ Newspaper Ad
JOB(S) YOU ARE				☐ Employee F	Referral
APPLYING FOR:	(Lis	t in auday of myofoyanaa)		☐ Walked in	☐ Company Website
EMPLOYMENT TYPE (C	Check one only) 🗆 Full	□ Part	□ Seasonal Only	☐ Other (pleas	se list)
NAME ON SOCIAL SECURITY CARD					
	(last)	(Jr., Sr., etc.)	(first)		(middle)
TELEPHONE NUMBER	( )		Unlisted?	□ Yes □ No	
MAIL ADDRESS					
MAILING ADDRESS					
	(p.o. box or street)	(city)	(S	tate)	(zip)
HOME ADDRESS	(p.o. box or street)				(1)
IONE ADDITEOU					
			,	tate)	(zip)
	(p.o. box or street) INTERESTS:		,	,	. , ,
IST YOUR HOBBIES &	INTERESTS:		,	,	. , ,
LIST YOUR HOBBIES &	INTERESTS: E PRESENTLY DMPANY? □ Yes □ No			,	. , ,
LIST YOUR HOBBIES &  DO YOU KNOW ANYON WORKING FOR OUR CO	E PRESENTLY DMPANY? □ Yes □ No  CY PLEASE NOTIFY	If Yes, Whom?			
UST YOUR HOBBIES & DO YOU KNOW ANYON VORKING FOR OUR CO	INTERESTS: E PRESENTLY DMPANY? □ Yes □ No	If Yes, Whom?			. , ,
DO YOU KNOW ANYON VORKING FOR OUR CO	E PRESENTLY DMPANY? □ Yes □ No  CY PLEASE NOTIFY	If Yes, Whom?			
DO YOU KNOW ANYON VORKING FOR OUR CO	E PRESENTLY DMPANY? □ Yes □ No  CY PLEASE NOTIFY	If Yes, Whom?		TEL. NO. (	
DO YOU KNOW ANYON WORKING FOR OUR CO	E PRESENTLY DMPANY? □ Yes □ No  CY PLEASE NOTIFY  CES (do not name relatives)	If Yes, Whom?		TEL. NO. (	)
DO YOU KNOW ANYON WORKING FOR OUR CO	E PRESENTLY DMPANY? □ Yes □ No  CY PLEASE NOTIFY  CES (do not name relatives)	If Yes, Whom?		TEL. NO. (	)
DO YOU KNOW ANYON WORKING FOR OUR CON CASE OF EMERGEN NAME PERSONAL REFERENCE NAME EMAIL ADDRESS OCCUPATION	E PRESENTLY DMPANY?	If Yes, Whom?	you know this person?	TEL. NO. (	)
DO YOU KNOW ANYON WORKING FOR OUR CON CASE OF EMERGENG NAME PERSONAL REFERENCE I. NAME EMAIL ADDRESS OCCUPATION NAME NAME	E PRESENTLY DMPANY? □ Yes □ No  CY PLEASE NOTIFY  CES (do not name relatives)	If Yes, Whom?	you know this person?	TEL. NO. ( TEL. NO. (	)

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

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

	State and Federal law limits minors from certain hazardous occupations and work hours.	Deferred by	
•	As a condition of employment, you will be required to produce original documents establishing your identity	Referred by	
	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 o under age 18.	f Health; Original WORK PERMIT, if	

 $\square$  No

STORE USE ONLY

Received by \_\_\_\_

EDUCATION	Name and Address of School		Circle irs Co				you uate?	Subjects Studied and Degrees Received
JR. HIGH / INTERMEDIATE		1	2	3	4	Υ	N	
HIGH SCHOOL		1	2	3	4	Υ	N	
COLLEGE		1	2	3	4	Υ	Ν	
OTHER (Trade school, etc.)		1	2	3	4	Υ	N	
EMPLOYMENT HISTORY (list)	vour most recent employer first)							

(1	rade school, etc.)						
	PLOYMENT HISTORY (list your most recent of NAME OF EMPLOYER			TY	PE OF BUSIN	IFSS	
	MAILING				TEL.		
	ADDRESS(p.o. box or street)	(city)	(state)	(zip)	NO. (	)	
	YOUR DUTIES	, ,,	, ,	( )/			
	SUPERVISOR'S NAME						
	DATE STARTED						
	WERE YOU TERMINATED? ☐ Yes ☐ No						
	IF STILL EMPLOYED, MAY WE CONTACT	THIS EMPLOYER PR	IOR TO BEING HIRED	? 🗆 Yes	□ No		
2.	NAME OF EMPLOYER			TY	PE OF BUSIN	IESS	
	MAILING				TEL.		
	ADDRESS(p.o. box or street)	(city)	(state)	(zip)	NO. (	)	
	YOUR DUTIES						
	SUPERVISOR'S NAME						
	DATE STARTED						
	WERE YOU TERMINATED? ☐ Yes ☐ No	IF NOT, REASON FO	OR LEAVING				
	IF STILL EMPLOYED, MAY WE CONTACT	THIS EMPLOYER PR	IOR TO BEING HIRED	? □ Yes	□ No		
3.	NAME OF EMPLOYER		DATE STAR	RTED		DATE LEFT	
4.	NAME OF EMPLOYER						
5.	NAME OF EMPLOYER						
6.	NAME OF EMPLOYER						
	EASE ANSWER THE FOLLOWING QUESTION  y do you want to be a		sheet(s) if needed)				
Ηον	w important is a	for)	in an organization's over	erall effective	ness? Why?_		
Ηοι	w do you develop trust and mutual understandi	ng with your superviso	or?				

## 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 KTA Express ("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**

worthiness, credit standing, credit capacity, character, general rep	sed in writing that it may obtain a consumer report bearing on my credit outation, personal characteristics, or mode of living for employment purposes. I is to obtain a consumer report bearing on my credit worthiness, credit standing, stics, or mode of living.
Signature:	Date:

Print Name: \_\_\_\_\_