



P.O. Box 970940
Waipahu, HI 96797

Employment Application
*An Equal Opportunity Employer
Drug Free Workplace*

Dear Applicant,

Thank you for applying to Dellew Corporation. Each question on this application should be fully and accurately answered. No action can be taken until all questions have been answered. Use blank paper if you need additional space. Modified applications are not acceptable. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job-related information. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses.

Submit this application to careers@dellew.com or fax to (808) 394-2149.

Last Name: _____ First and Middle Name: _____
Address: _____ City, State, Zip: _____
Phone No.: _____ Alternate No.: _____
E-mail: _____

Today's Date: _____ Available Start Date: _____
Job Applying For: _____ Job Announcement No.: _____

Are You Seeking: Full-time Part-time On-call Temporary

How did you hear about this position?

Craigslist Dellew Website Newspaper JEMS
 Indeed Job Fair Referred by: _____
 Other _____

Have you ever submitted an application to Dellew Corporation before? Yes No

Have you ever been employed by Dellew Corporation? Yes No

If yes, list date range and position:

Is any member of your family currently employed by Dellew Corporation? Yes No

If yes, please identify name and relationship:

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? (Proof of citizenship or immigration status required upon employment.) Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever worked or attended school under any other name? Yes No

If yes, list name(s)

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain.

Work History

List names of employers in consecutive order, with your most recent employer listed first. Account for all periods of time, including military services and any periods of unemployment. If self-employed, list firm name and supply business references. **Do not substitute your resume for employment history.**

Employer: _____ Supervisor Name: _____
Address: _____ Supervisor Phone No.: _____
City, State, Zip: _____

Employed: From (mo/yr): _____ To (mo/yr): _____
Title: _____ Reason Left: _____
Primary Duties: _____

May we contact this employer? Yes No

Employer: _____ Supervisor Name: _____
Address: _____ Supervisor Phone No.: _____
City, State, Zip: _____

Employed: From (mo/yr): _____ To (mo/yr): _____
Title: _____ Reason Left: _____
Primary Duties: _____

May we contact this employer? Yes No

Employer: _____ Supervisor Name: _____
Address: _____ Supervisor Phone No.: _____
City, State, Zip: _____

Employed: From (mo/yr): _____ To (mo/yr): _____
Title: _____ Reason Left: _____
Primary Duties: _____

May we contact this employer? Yes No

Hourly Rate/Salary expected for this position: _____

Are you able to perform the essential functions of the position you are applying for with or without an accommodation? Yes No

Education

High School or GED

Name: _____

Address: _____

Years Completed: _____ Diploma/Degree/Certificate: _____

College or University

Name: _____

Address: _____

Years Completed: _____ Diploma/Degree/Certificate: _____

Vocational or Technical

Name: _____

Address: _____

Years Completed: _____ Diploma/Degree/Certificate: _____

Professional Licenses, Registrations and Certifications

Type of License	Name on License	License No.	Exp Date	State

List professional, trade, business or civic activities, and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status.

Describe any specialized training apprenticeship, skills, and extra-curricular activities.

References

Provide the name of three persons, not related to you, whom you have known at least one year.

Name	E-mail	Phone	Business or Personal	Years Known
1.		() -		
2.		() -		
3.		() -		



Attachment A

(Application not valid unless signed)

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I agree to have a drug screening analysis for substance abuse and understand that any offer of employment is contingent upon my passing this drug screening.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE AGREE AND CONSENT TO THESE STATEMENTS.

Signature

Date



Attachment B
Prior Employment Consent

Applicant Name _____

1. Previous Employer (most recent): _____
Phone Number: _____
Phone Number (Alternate): _____

Dates of Employment From: _____ To: _____
Job Title: _____
Reason for Leaving: _____

2. Previous Employer: _____
Phone Number: _____
Phone Number (Alternate): _____

Dates of Employment From: _____ To: _____
Job Title: _____
Reason for Leaving: _____

3. Previous Employer: _____
Phone Number: _____
Phone Number (Alternate): _____

Dates of Employment From: _____ To: _____
Job Title: _____
Reason for Leaving: _____

I consent to and authorize Dellew Corporation to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, or other entity to provide Dellew Corporation with any information of any sort (including fact or opinion) they may have regarding me. In consideration of Dellew Corporation review of this application, I release Dellew Corporation and all providers of any information from any liability as a result of furnishing and receiving this information.

Signature _____

Date _____



Attachment C

Applicant's Informed Consent to Drug and Alcohol Testing

The Company is committed to providing a safe and healthy environment for all employees, customers and the public. It is also committed to eliminating the hazards in the workplace created by drug abuse and has adopted a drug-free workplace policy. Accordingly, all job offers will be contingent upon a new hire passing a drug and alcohol test prior to employment. The Company will not hire anyone who fails this test.

1. I, _____, understand that if I receive a conditional offer of employment, I will be required to do a drug and alcohol test, and must report to the designated collection site within six (6) hours of the offer. Because of administrative complexities, however, international hires may be given additional time to complete the testing.
2. I understand that this policy provides for drug and alcohol testing. Unless I am advised otherwise in advance and in writing by the Company, substance abuse testing at the Company will test for the following substances: marijuana, cocaine, opiates, amphetamines (including crystal methamphetamine), phencyclidine (PCP) and alcohol.
3. By this acknowledgment, I am advised that over-the-counter medications or prescribed drugs may result in a positive test result for drug testing. I understand that it is my responsibility to notify the Medical Review Officer if I have taken any over-the-counter medication or prescribed drugs within the past thirty (30) days.
4. I understand that if I refuse to be tested, fail to report within the required time, leave the designated collection site without providing a urine specimen, refuse to sign a release and authorization to submit to any drug screen test, refuse to sign the consent form to permit the Medical Review Officer to provide the results to the Company, and/or fail the test, I will not be eligible for hire at the Company.
5. I freely and voluntarily consent to submit to alcohol and drug testing as requested by the Company. I understand that the test results will be reported to the Company's Designated Employer Representative by the Medical Review Officer, including the identification of the controlled substance(s) for positive results.
6. I understand and agree to the release of the pre-employment test results of any substance abuse test administered by the medical testing laboratory to the Medical Review Officer and the Company's Designated Employer Representative. I understand the purpose of the disclosure is to determine if I have violated the Company's Drug and Alcohol Policy.
7. I understand that information regarding my test results is confidential and cannot be disclosed without my written consent, unless otherwise required by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon my rejection for employment with the Company.

Applicant Name (Print)

Applicant Signature

Date

IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —
IMMIGRANT & EMPLOYEE RIGHTS SECTION
— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

www.justice.gov/ier

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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