

MAUI LAND & PINEAPPLE COMPANY, INC.

P. O. BOX 187 • KAHULUI, HAWAII 96733-6687

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.

Name (Last, First):								
	Address:							
		Phone	Phone (Cell):		Social Se	Social Security Number:		
Are you at least 18 years old? YES		YES	NO					
If not, can you provide a work permit and/		t and/or pro	oof of legal age	to work?	YES	NO		
If hired, car	you submit verification of	of your lega	al right to work	in the United S	States?	YES	NO	
			•		-	•	ocumentation require	
Have you pr	reviously: Applied for we						YES	NO
	,	•	and when:					
			Pineapple Com					
	•	•						
	•	_	another name					
	If yes, ide							
Position app	lying for:							
Date you can start:			Salary desired: (unless fixed salary is given)					
Are you em	oloyed now? YE	.S	NO					
Have you be	een provided with the job	description	n of the desired	position?	YES	NO		
Position applying for: Salary desired: (unless fixed salary is given) Are you employed now? YES NO Have you been provided with the job description of the desired position? YES NO If you have been provided with a job description of the desired position, please answer this question: After reading the job description, can you perform the essential functions of the position with or without reasonable accommodation?							ob	
Y	ES NO							
Who referre	d you to this company?							
Relat	ive		Employm	ent Agency	N	ewspaper Adve	ertisement	
Frien	d		State Em	ployment Offic	e C	ollege Placeme	ent Service	
Walk in			Other Employee, Name:					
Other	-							
Are you ava	ilable for all shifts? (if app	olicable to desir	ed position)	YES	NO			
If not, what	shifts are you not availal	ble?						
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Please list all previous employers. Include self-employment, military service, temporary and part-time employment. Start with present or most recent. Attach additional sheets if necessary, following the same format. I understand that failing to disclose information and/or providing false information will subject me to disqualification from consideration for employment or to dismissal from employment.

Dates (month/year): From:/ To:/	
Salary: Starting: \$ Leaving: \$ Employer: Address:	Description:
Phone Number: Supervisor (Name and Title):	
Dates (month/year): From:/ To:/	
Salary: Starting: \$ Leaving: \$ Employer: Address:	Description:
Phone Number: Supervisor (Name and Title):	Reason for Leaving:
Dates (month/year): From:/ To:/	
Salary: Starting: \$ Leaving: \$ Employer: Address:	Description:
Phone Number: Supervisor (Name and Title):	Reason for Leaving:
Dates (month/year): From:/ To:/	Position(s):
Salary: Starting: \$ Leaving: \$ Employer: Address:	Description:
Phone Number: Supervisor (Name and Title):	Reason for Leaving:
Please explain any periods that you were not working. Attac	th additional sheets if necessary.

Name 1 2	S of two persolls	you are not related to, whom Address	you have known a	Years known	Phone Number	
	Nar	ne and Location of School	graduated	Subjects studied	Degrees	
Elementai	У		YES NO			
Jr. High/ Intermedia			YES NO			
High Scho	ol		YES NO			
College			YES NO			
Other/ Vocationa	ı		YES NO			
If a driver's lic	ense is required t	or the position applied, do yo		alid driver's license?	YES NO finalizing any offer of employm	
that my	application will r	nts made on this application a not be considered if it is incom onsideration for employment	plete, and that an	y misrepresentation or o		
this cou	It is the policy of this Company to hire only U.S. citizens and registered aliens who are of age and authorized to work in this country. As a condition of employment, I understand that I will be required (i) to produce documents establishing my identity and authorization to work and (ii) to complete the U.S. Immigration and Naturalization Services Form, I-9.					
WILL a	This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is AT WILL and can be terminated at any time either by myself or by the Company, with or without cause or reason, and with or without advance notice. If employed, I understand that I must conform to the guidelines and policies of the Company.					
me for	any specified peri	hat only the President of the od of time or to modify terms gned by the President, and I	and conditions of	my employment. I agre		