



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.

Personal Information

Name (Last, First): _____ Date: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____ Social Security Number: _____

Are you at least 18 years old? YES NO

If not, can you provide a work permit and/or proof of legal age to work? YES NO

If hired, can you submit verification of your legal right to work in the United States? YES NO

(Note: If offered employment you will be required to submit documentation required by IRCA).

Have you previously: **Applied** for work with Maui Land & Pineapple Company, Inc. or its subsidiaries? YES NO

If yes, what position and when: _____

Worked for Maui Land & Pineapple Company, Inc. or its subsidiaries? YES NO

If yes, what position and when: _____

Worked anywhere **using another name**? YES NO

If yes, identify name(s) and list employer(s): _____

Desired Employment

Position applying for: _____

Date you can start: _____ 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?

YES NO

Who referred you to this company?

Relative _____

Employment Agency

Newspaper Advertisement

Friend _____

State Employment Office

College Placement Service

Walk in

Other Employee, Name: _____

Other _____

Are you available for all shifts? (if applicable to desired position) YES NO

If not, what shifts are you not available? _____



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: _____ _____ Phone Number: _____ Supervisor (Name and Title): _____ _____	Position(s): _____ Description: _____ Reason for Leaving: _____
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Please explain any periods that you were not working. Attach additional sheets if necessary.

References

Give the names of two persons you are not related to, whom you have known at least one year and whom we can contact:

	Name	Address	Years known	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Education

	Name and Location of School	graduated	Subjects studied	Degrees
Elementary		YES NO		
Jr. High/ Intermediate		YES NO		
High School		YES NO		
College		YES NO		
Other/ Vocational		YES NO		

Special Skills and Qualifications

Summarize your job skills, training and/or study that are relevant for the desired position:

If a driver's license is required for the position applied, do you have a current valid driver's license? YES NO

(The company may require a driving abstract prior to finalizing any offer of employment)

Certification

- A I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete, and that any misrepresentation or omission will subject me to disqualification from consideration for employment or to dismissal from employment.
- B 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.
- C 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.
- D 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 anything else.



