



**MAUI LAND & PINEAPPLE COMPANY, INC.**  
 200 VILLAGE ROAD • LAHAINA, HAWAII 96761

## 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: _____
---	---

Dates (month/year): From: ____/____ To: ____/____ Salary: Starting: \$ _____ Leaving: \$ _____ Employer: _____ Address: _____ _____ Phone Number: _____ Supervisor (Name and Title): _____ _____	Position(s): _____  Description: _____  Reason for Leaving: _____
---	---

Dates (month/year): From: ____/____ To: ____/____ Salary: Starting: \$ _____ Leaving: \$ _____ Employer: _____ Address: _____ _____ Phone Number: _____ Supervisor (Name and Title): _____ _____	Position(s): _____  Description: _____  Reason for Leaving: _____
---	---

Dates (month/year): From: ____/____ To: ____/____ Salary: Starting: \$ _____ Leaving: \$ _____ Employer: _____ Address: _____ _____ Phone Number: _____ Supervisor (Name and Title): _____ _____	Position(s): _____  Description: _____  Reason for Leaving: _____
---	---

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.



- E I understand 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, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for communicating any such information to a potential or future employer. 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.
  
- F I understand and agree that, in an ongoing effort to maintain a drug and alcohol free work environment, I will be required to submit to a pre-employment drug test and a complete post-offer medical examination as part of my application for employment. In case I fail a pre-employment drug test I may initiate another application with the company after a period of no less than one (1) year, but must present myself drug-free. 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. The cost of such examination will be paid by the Company.  
  
I authorize any physician, laboratory or collection site to disclose the results of examinations and pre-employment/post-offer testings to the Company in accordance with state and/or federal laws. The Company will keep all results confidential and disclose the results only to persons who need to know or where required by law.
  
- G The Company may inquire into and consider any criminal conviction record within the past ten (10) unincarcerated years 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.
  
- H 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 dependant upon the receipt of a satisfactory military record as determined by the Company.
  
- I I understand 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

**For office use only! Do not write into this section!**

Date received by HR: \_\_\_\_\_

Requisition Number: \_\_\_\_\_

Status of desired position: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Offer made:                      Date offered: \_\_\_\_\_

