



## NOTICE TO THE APPLICANT

1. Aloha Trucking, Inc. is a **DRUG FREE WORKPLACE**.
2. Drug testing is conducted for pre-employment and at random during employment.
3. Positive test will result in discharge.
4. All information submitted will be considered in reviewing my application and is subject to investigation. I hereby authorize Aloha Trucking, Inc. to investigate all statements applicable, except as indicated.
5. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal upon discovery of such information.
6. I am aware that an investigative consumer report may be made in connection with my application for employment. This report may include information as to my character, general reputation, personal habits, and mode of living, obtained from or through personal interview with persons with whom I am acquainted, or those persons who may have knowledge concerning any such items of information.
7. In the event that such an investigative consumer report is procured, upon my written request of Aloha Trucking, Inc., I will be provided with a complete and accurate disclosure of the nature and scope of the investigation conducted.
8. I understand that Aloha Trucking follows an employment-at-will policy, in that I or Aloha Trucking, Inc. may terminate my employment at any time, for any reason consistent with applicable State or Federal Law.
9. If accepted for employment, I hereby agree to comply with the rules, regulations and policies of Aloha Trucking, Inc.
10. All Aloha Trucking, Inc. employees are required to have a Driver's License and Medical Card carried at all times.

### NO EXCEPTIONS

I \_\_\_\_\_, hereby acknowledge that I have read and understand the above notice to the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

NOTE: Failure to sign the above consent discontinues the employment process.

**PRE-EMPLOYMENT SUBSTANCE DETECTION CONSENT**

I understand that according to the Pre-Employment Substance Detection Program at Aloha Trucking, Inc, I am required to submit a sample of my urine for chemical analysis prior to employment. I understand that this pre-employment substance detection will be conducted by a reputable outside physician and testing agency by a certified laboratory.

I consent freely and voluntarily to this request for a pre-employment urine specimen. I hereby and herewith release Aloha Trucking, Inc. their employees, agents, and contractors from any liability whatsoever arising from this request to furnish a pre-employment urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of these tests.

I understand a positive test for controlled substances, based on the urinalysis test, will disqualify me from employment and/or the operation of a commercial motor vehicle for Aloha Trucking, Inc.

I understand that if the substance detection results are positive, I can request a second independent confirmatory test using the same specimen. Said confirmatory test will be the cost of this test will be borne by me.

I understand a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

It is my understanding that if my employment is terminated for **any** reason with Aloha Trucking, Inc. within 90 days of the hire date, I am liable for the billed cost of the urinalysis testing. The billed cost will be deducted from my last pay check.

This certifies that this application was completed by me, and that all entries on it and information contained herein are true and complete to the best of my knowledge.

I \_\_\_\_\_, hereby acknowledge that I have read and understand the terms and conditions set forth in the Pre-Employment Urinalysis Consent Agreement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

NOTE: Failure to sign the above consent discontinues the employment process.

**Employment Application**

IF NECESSARY FOR THE JOB, ARE YOU OVER (please mark one) 14 \_\_ 15 \_\_ 16 \_\_ 18 \_\_ 19 \_\_ 21 \_\_

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations? Yes  No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Driver's License Number: \_\_\_\_\_  
Check days you're available to work:  Sunday  Monday  Tuesday  
 Wednesday  Thursday  Friday  Saturday

Work (all shifts)? Yes  No   
Work overtime? Yes  No

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  I'm seeking a permanent position: YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Business/Technical: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

Please list two professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

**Military Service**

Branch: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Duty/Specialized Training: \_\_\_\_\_

**Disclaimer and Signature**

Information on the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from checking of your references.

If necessary for employment, you may be required to supply a birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

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

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_

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

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

**Employer Section:**

Date Hired: \_\_\_\_\_

Starting Wage: \_\_\_\_\_

Date Terminated: \_\_\_\_\_

**EMPLOYMENT HISTORY  
RELEASE AND FORWARD ALL INFORMATION TO:**



PO Box 75271 Kapolei, HI 96707  
PH: 808-216-3286 FX: 808-685-3898  
office@alohatrucking.net

**Section 1: Prospective employee:**

**AUTHORIZATION**

Aloha Trucking, Inc has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education, Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. **I hereby certify that you are hereby authorized to give to Aloha Trucking, Inc all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.** I hereby authorize Aloha Trucking, Inc to make a thorough check of my past Employment, Education, and activities. A copy of this form is as valid as the original.

**Prospective employee:** \_\_\_\_\_  
Print Name
Signature
Date

**Section 2: To Be Filled Out by Previous Employer:**

**Name of Applicant:** \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_ Start Title \_\_\_\_\_  
 Reason for leaving (please explain) \_\_\_\_\_

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Attendance				
Attitude				
Job Performance				
Communication/Grammar Skills				
Interpersonal Skills				

Did he/she supervise others? \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_  
 (Signature) (Name and Title) (Date)

**Section 3: Prospective employer:**

**You must document your attempts to contact the previous employer to obtain this information.**

Date mailed: \_\_\_\_\_ Date Faxed: \_\_\_\_\_ Date Telephoned: \_\_\_\_\_

Name of person interviewed for telephone calls: \_\_\_\_\_