



## APPLICATION FOR EMPLOYMENT

***Kukui'ula supports a Drug Free Workplace and post-offer/pre-employment drug testing is required as part of our hiring process***

**INSTRUCTIONS:** Thank you for your interest in employment at Kukui'ula. All team members at Kukui'ula are employed by DMB ASSOCIATES (HAWAII), INC. Please complete all portions of this employment application to be considered for employment at Kukui'ula. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. DMB ASSOCIATES (HAWAII), INC. is 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 Hawaii and federal laws. This employment application is valid for a six-month period after submission to DMB ASSOCIATES (HAWAII), INC. and only for the desired position. Consideration for employment after the six-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question. Upon hire, you will be required to present proof of age, authorization to work and your social security number.

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT.				
PRESENT ADDRESS (Mailing Address)		APT. NO.	CITY	STATE
				ZIP
PHONE		CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
CELL:		<input type="checkbox"/> YES    [NOTE: If offered employment you will be required to submit documentation required by law. <input type="checkbox"/> NO		
E-MAIL:				

### DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT DMB and/or Kukui'ula BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR DMB and/or Kukui'ula BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHO REFERRED YOU TO DMB and/or Kukui'ula?			
<input type="checkbox"/> DMB Associate _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER			
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\* If hired, you will be required to perform work as required by DMB ASSOCIATES (HAWAII), INC.

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

## FORMER EMPLOYERS

*Please account for the last ten years of your employment by answering all questions for each employer.*

<b>NAME OF PRESENT EMPLOYER</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>STARTING DATE</b>	<b>DATE LAST WORKED</b>		<b>JOB TITLES</b>	
<b>STARTING SALARY/HOURLY RATE</b>	<b>FINAL SALARY/HOURLY RATE</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, WHY?</b>		
<b>STARTING COMMISSION/BONUS</b>	<b>FINAL COMMISSION/BONUS</b>			
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>		<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>				
<b>REASON(S) FOR LEAVING</b>			<b>IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:</b>	

<b>NAME OF NEXT PREVIOUS EMPLOYER</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>STARTING DATE</b>	<b>DATE LAST WORKED</b>		<b>JOB TITLES</b>	
<b>STARTING SALARY/HOURLY RATE</b>	<b>FINAL SALARY/HOURLY RATE</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, WHY?</b>		
<b>STARTING COMMISSION/BONUS</b>	<b>FINAL COMMISSION/BONUS</b>			
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>		<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>				
<b>REASON(S) FOR LEAVING</b>			<b>IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:</b>	

<b>NAME OF NEXT PREVIOUS EMPLOYER</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>STARTING DATE</b>	<b>DATE LAST WORKED</b>		<b>JOB TITLES</b>	
<b>STARTING SALARY/HOURLY RATE</b>	<b>FINAL SALARY/HOURLY RATE</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, WHY?</b>		
<b>STARTING COMMISSION/BONUS</b>	<b>FINAL COMMISSION/BONUS</b>			
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>		<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>				
<b>REASON(S) FOR LEAVING</b>			<b>IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:</b>	

## FORMER EMPLOYERS - continued

*Please account for last ten years of employment by answering all questions for each employer.*

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?	
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

### EMPLOYMENT GAPS

*Provides dates and reasons for any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.*

### REFERENCES

*List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors.  
If not applicable, list three personal references who are NOT related to you.*

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

### JOB SKILLS AND QUALIFICATIONS

*Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.  
(note: If driving is required in the job for which you are applying, proof of valid drivers license and other related information will be required.)*

### RELATED INFORMATION

*If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.*



**CERTIFICATION OF APPLICATION OF EMPLOYMENT**  
**PLEASE READ CAREFULLY BEFORE SIGNING**

- A. I certify that the information contained in this application for employment at Kukui`ula is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that if I am offered employment at Kukui`ula, **MY EMPLOYMENT WITH DMB ASSOCIATES (HAWAII), INC. IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that only the President of DMB ASSOCIATES (HAWAII), INC. 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 any other representations regardless of the source.
- D. I understand and agree that DMB ASSOCIATES (HAWAII), INC. 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. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with DMB ASSOCIATES (HAWAII), INC. provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. 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 agree that DMB ASSOCIATES (HAWAII), INC. may inquire into and consider any criminal conviction record 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. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by DMB ASSOCIATES (HAWAII), INC. at Kukui`ula, 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.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform DMB ASSOCIATES (HAWAII), INC. of any agreements that would limit my ability to work for the Company.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with DMB ASSOCIATES (HAWAII), INC. if I am employed by the Company.

Authorization/Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## **DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT**

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes at Kukui'ula, DMB ASSOCIATES (HAWAII), INC. may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

### **Authorization**

I hereby acknowledge that DMB ASSOCIATES (HAWAII), INC. has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

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

Print Name: \_\_\_\_\_