

**APPLICATION FOR EMPLOYMENT**

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Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, citizenship, disability, or veteran status. **Applications remain active for 30 calendar days.**

Position Applied For:	Date:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp.
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First Name:	Middle Name:	Last Name:		
Address:		City:	State:	Zip:
Home Telephone:	Cell Phone Number:	Email Address :		

**WORK EXPERIENCE** (Begin with your most recent employer)

Dates Employed From To	Company Name, Address, Telephone, & Supervisor	Positions Held	Reason for leaving

**EDUCATION**

Name, Address, & Telephone	Major Course of Study	Years Completed	Degree	Did You Graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any training, skills and certificates received relevant to the position for which you are applying:

**Yes**  **No** Have you worked for any Castle & Cooke, Inc. Companies?  
 Company Name: \_\_\_\_\_ Dates Employed : From: \_\_\_\_\_ To: \_\_\_\_\_

**Yes**  **No** Were you referred by anyone? If yes, by whom? \_\_\_\_\_  
 How did you hear about possible openings at this Company? \_\_\_\_\_

**Yes**  **No** Can you meet the language speaking requirement for this job? Language: \_\_\_\_\_

**Yes**  **No** If employed, would you be in a supervisory relationship to any relative? \_\_\_\_\_

**Yes**  **No** If you are under 18 years of age can you submit a work permit if employed? \_\_\_\_\_

**Yes**  **No** If employed, can you submit proof of citizenship or authorization to work in the United States? \_\_\_\_\_

**Yes**  **No** If applying for a position where driving a vehicle is required, do you possess a current drivers license?  
 License No.: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Yes**  **No** If applying for a position where driving a DOT classified commercial vehicle is required, do you have  
 a medical card? Expiration date: \_\_\_\_\_

**Yes**  **No** Has your drivers license been suspended? If yes, Date suspended: \_\_\_\_\_  
 Reason for suspension? \_\_\_\_\_

**REFERENCES**

Name:	Phone Number:	Address:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information verified by the Company. I authorize the references listed above to provide the Company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my termination from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will. The Company retains all of its rights to hire, transfer, demote, adjust wages, discipline, and terminate employees at-will, at any time, with or without just cause. This At-Will Agreement constitutes the entire agreement between the employee and the Company on the subject of hiring, transferring, demotion, adjustment of wages, discipline, and termination. It supersedes all prior agreements, and it cannot be changed by future events or future Company policies and procedures except by means of a written agreement signed by the President of the Company.

I also understand that all offers of employment are conditioned on providing proof of identity and legal authorization to work in the U. S.

Signature:	Date:
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## Pre-employment Information Form

This Company is an equal opportunity employer and is committed to equal opportunity employment. We are proud of the diversity of the many fine employees. To successfully maintain that program, the Company requests that you provide the following information for equal opportunity and affirmative action record keeping and reporting purposes. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. The completion of this form is voluntary. **This information will not be used as the basis for any employment decision.**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Position applied for: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

### EEO-1 Self-Identification

Race/ethnic designations are used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should select more than one race/ethnic group. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Please check the EEO Identification Group that best applies to you:**

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not of Hispanic Origin)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic Origin)** – A person having origins in any of the black racial groups of Africa.
- Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, or Samoa.
- American Indian or Alaska Native** – A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

### Reasonable Accommodation

In the event you believe there is a reasonable accommodation that will assist you in performing the essential functions of your job, please contact your manager or Human Resources.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Instructions:** 1. File this form in a separate confidential file. 2. Use this information to complete the applicant flow log. 3. Indicate the Company: \_\_\_\_\_