



Aloha Petroleum, Ltd.
 P.O. Box 500
 Honolulu, HI 96809

Employment Opportunities
www.alohagas.com
 E-mail: hr@alohagas.com

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. This employment application is valid for a six-month period after submission to the Company and only for the desired position.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DATE
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal check.)			
PRESENT ADDRESS	APT. NO.	CITY	STATE ZIP
PHONE: CELLULAR: E-MAIL:	DO YOU MEET THE MINIMUM AGE REQUIREMENT SET BY LAW FOR THE DESIRED POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES [NOTE: If offered employment, you will need to submit documentation as required.] <input type="checkbox"/> NO	

We appreciate the time you spend completing this application.

DESIRED EMPLOYMENT

DESIRED POSITION*	DATE YOU CAN START	SALARY / WAGE DESIRED
<i>[NOTE: If hired, you will be required to perform work as required by the Company.]</i>		
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND _____ <input type="checkbox"/> WEB SITE <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> JOB FAIR <input type="checkbox"/> STORE WALK-IN <input type="checkbox"/> FLYER <input type="checkbox"/> OTHER _____		
DATE AVAILABLE FOR EMPLOYMENT: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		
WITH REGARD TO INITIAL WORK LOCATION, DO YOU HAVE ANY GEOGRAPHIC PREFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SPECIFY LOCATION:	
ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT PERCENTAGE OF THE TIME?	
DO YOU HAVE RELATIVES CURRENTLY WORKING FOR ALOHA PETROLEUM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME(S): _____ POSITION(S): _____ RELATIONSHIP(S): _____		
SOME POSITIONS MAY REQUIRE USE OF AN AUTOMOBILE. IF USE OF AN AUTOMOBILE IS REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING, WOULD THERE BE A PROBLEM? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE A VALID DRIVER'S LICENSE TO OPERATE THAT VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____ EXPIRATION DATE: _____		

ARE YOU OVER THE MINIMUM AGE FOR SELLING ALCOHOLIC BEVERAGES IN THE STATE OF HAWAII?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ALOHA PETROLEUM OPERATES SOME STORES 24 HOURS A DAY, 7 DAYS A WEEK. ARE YOU WILLING TO WORK ANY DAY, SHIFT OR HOURS (INCLUDING HOLIDAYS) ASSIGNED BY YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU AVAILABLE TO WORK OVERTIME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION

NAME AND LOCATION OF SCHOOL(S) ATTENDED:	GRADUATED (YES / NO)	TYPE OF DEGREE AWARDED	MAJOR AREA OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER			
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP OR SKILLS THAT YOU MIGHT HAVE:			
LIST ANY OTHER EDUCATION, SPECIAL SKILLS OR CERTIFICATION / LICENSES THAT YOU POSSESS THAT MAY RELATE TO THIS JOB:			

EMPLOYMENT BACKGROUND

Please list ALL JOBS you have held for the past ten (10) years, beginning with your current or last employer. Account for ALL time periods including UNEMPLOYMENT, SELF-EMPLOYMENT, SCHOOL and the U.S. MILITARY SERVICE (including type of discharge.) All questions must be answered for each employer. Start with your most recent employer and work backwards. If space is insufficient, list on a separate page or additional form. **PLEASE DO NOT REFERENCE YOUR RÉSUMÉ.**

COMPANY NAME (OR PERIOD OF UNEMPLOYMENT)			
ADDRESS		CITY	STATE
			ZIP
WEEKLY <input type="checkbox"/>	MONTHLY SALARY <input type="checkbox"/>	EMPLOYMENT (month and year):	MAY WE CONTACT YOUR SUPERVISOR?
START:	FINAL:	FROM:	TO:
			<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	EMPLOYER'S TELEPHONE NUMBER	
POSITION HELD AND DESCRIPTION OF WORK			
REASON FOR LEAVING AND EXPLANATION			

COMPANY NAME (OR PERIOD OF UNEMPLOYMENT)				
ADDRESS		CITY	STATE	ZIP
WEEKLY <input type="checkbox"/>	MONTHLY SALARY <input type="checkbox"/>	EMPLOYMENT (month and year):		MAY WE CONTACT YOUR SUPERVISOR?
START:	FINAL:	FROM:	TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	EMPLOYER'S TELEPHONE NUMBER	
POSITION HELD AND DESCRIPTION OF WORK				
REASON FOR LEAVING AND EXPLANATION				

COMPANY NAME (OR PERIOD OF UNEMPLOYMENT)				
ADDRESS		CITY	STATE	ZIP
WEEKLY <input type="checkbox"/>	MONTHLY SALARY <input type="checkbox"/>	EMPLOYMENT (month and year):		MAY WE CONTACT YOUR SUPERVISOR?
START:	FINAL:	FROM:	TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	EMPLOYER'S TELEPHONE NUMBER	
POSITION HELD AND DESCRIPTION OF WORK				
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COMPANY NAME (OR PERIOD OF UNEMPLOYMENT)				
ADDRESS		CITY	STATE	ZIP
WEEKLY <input type="checkbox"/>	MONTHLY SALARY <input type="checkbox"/>	EMPLOYMENT (month and year):		MAY WE CONTACT YOUR SUPERVISOR?
START:	FINAL:	FROM:	TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	EMPLOYER'S TELEPHONE NUMBER	
POSITION HELD AND DESCRIPTION OF WORK				
REASON FOR LEAVING AND EXPLANATION				

REFERENCES

PLEASE LIST THREE (3) PERSONS WHO ARE NOT RELATED TO YOU (PREFERABLY PREVIOUS SUPERVISORS) WHO CAN PROVIDE WORK REFERENCES.

	NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1				
2				
3				

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the President of Aloha Petroleum, Ltd. ("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 of the Company, and I will not rely upon any other representations.
- D. 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 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 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 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 the Company 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 ten (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 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.
- H. 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: _____

DO NOT WRITE BELOW THIS LINE - FOR STORE MANAGER OR INTERVIEWER'S USE ONLY

Interviewed by: _____ Date: _____

Location: _____

CONFIDENTIAL AND VOLUNTARY SELF IDENTIFICATION

This Company is a federal contractor and has adopted an affirmative action plan. It annually analyzes its workforce to ensure non-discrimination and equal employment opportunity for all employees. To assist us in that effort, we are asking all applicants to voluntarily identify their race and sex. Your cooperation will ensure accuracy. This information is completely voluntary and will be kept confidential in accordance with state and federal laws. Whether or not you choose to respond, no adverse action will be taken with regard to your employment. Thank you for your time.

1. **SEX CLASSIFICATION:** Male Female

2. **RACE OR ETHNIC IDENTITY:**

(Please check only one.)

- 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 Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino) - All persons who identify with more than one of the above five races.

3. I have voluntarily answered items 1 and 2.

4. I do not wish to answer items 1 and 2.