



Miles of Trust Behind Us

Pacific Transfer

Application for Employment

Instructions: Thank you for your interest in employment with Pacific Transfer LLC. Please complete ALL portions of this employment application to be considered for employment at Pacific Transfer LLC. If you require accommodation during the employment application process, including assistance in the completion of this application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex including gender identity or expression, religion, color, national origin, citizenship, ancestry, marital status, pregnancy, physical or mental disability, sexual orientation, genetic history, arrest and court record, veteran/military status, domestic or sexual violence victim status if the domestic or sexual violence victim provides notice to Pacific Transfer of such status or Pacific Transfer has actual knowledge of such status or any other protected category recognized by Hawaii and Federal laws. This employment application is valid for a three-month period after submission to Pacific Transfer LLC and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE):		
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT:		
CURRENT ADDRESS: _____ APT. NO. _____ CITY _____ STATE _____ ZIP _____		
HOME PHONE:	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE AND AUTHORIZATION TO WORK.
CELL PHONE:		IF GIVEN A CONDITIONAL OFFER, YOUR SOCIAL SECURITY NUMBER WILL BE REQUIRED. (For background and criminal conviction check)
E-MAIL:		
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE: <input type="checkbox"/> CDL A <input type="checkbox"/> CDL B <input type="checkbox"/> OTHER (SPECIFY) _____		

DESIRED EMPLOYMENT

DESIRED POSITION*	DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT PACIFIC TRANSFER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____	HAVE YOU EVER WORKED FOR PACIFIC TRANSFER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____	ARE YOU AVAILABLE FOR: <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
WHO REFERRED YOU TO PACIFIC TRANSFER? <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> FRIEND _____ <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER _____		

* If hired, you will be required to perform work as required by Pacific Transfer.

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE	DEGREE/CERTIFICATION RECEIVED; SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

FORMER EMPLOYERS

Please account for last ten years of work experience by answering all questions for each employer beginning with your most recent employer. **All blanks must be completed.**

NAME OF CURRENT OR MOST RECENT EMPLOYER					
ADDRESS:		APT NO.	CITY	STATE	ZIP
START DATE	DATE LAST WORKED		JOB TITLE		
NAME OF SUPERVISOR & TITLE		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR?		
DESCRIBE JOB DETAILS					
REASON(S) FOR LEAVING / WANTING TO LEAVE (be specific)			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

NAME OF PREVIOUS EMPLOYER					
ADDRESS:		APT NO.	CITY	STATE	ZIP
START DATE	DATE LAST WORKED		JOB TITLE		
NAME OF SUPERVISOR & TITLE		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR?		
DESCRIBE JOB DETAILS					
REASON(S) FOR LEAVING (be specific)			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

NAME OF PREVIOUS EMPLOYER					
ADDRESS:		APT NO.	CITY	STATE	ZIP
START DATE	DATE LAST WORKED		JOB TITLE		
NAME OF SUPERVISOR & TITLE		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR?		
DESCRIBE JOB DETAILS					
REASON(S) FOR LEAVING (be specific)			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

NAME OF PREVIOUS EMPLOYER					
ADDRESS:		APT NO.	CITY	STATE	ZIP
START DATE	DATE LAST WORKED		JOB TITLE		
NAME OF SUPERVISOR & TITLE		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR?		
DESCRIBE JOB DETAILS					
REASON(S) FOR LEAVING (be specific)			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

EMPLOYMENT GAPS

Explain any periods that you were not working during the past ten 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

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. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application 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.

I AGREE TO CONFORM TO THE COMPANY'S GUIDELINES AND POLICIES AND UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.

I understand and agree that only the President of Pacific Transfer LLC 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.

I understand and agree that Pacific Transfer LLC 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.

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. 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. I also 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.

I agree that Pacific Transfer LLC 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 occurring within the last seven years, or misdemeanor conviction occurring within the last five years, excluding any periods of incarceration, which conviction bears a rational relationship to the duties and responsibilities of the position for which I am applying. Certain Family Court matters will not be considered.

I understand and agree that if offered employment by Pacific Transfer LLC, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.

If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Pacific Transfer LLC of any agreements that would limit my ability to work for the Company.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Pacific Transfer LLC if I am employed by the Company.

Authorization/Signature of Applicant:

Signature: _____

Print Name: _____

Date: _____