PLEASE SUBMIT YOUR APPLICATION FORM TO ADMIN@ALLIEDMACHINERYCORP.COM
YOU MAY ALSO DROP OFF A PRINTED COPY TO ONE OF OUR OFFICES OR MAIL IT TO OUR MAIN OFFICE.

ALLIED MACHINERY CORPORATION

EMPLOYMENT APPLICATION

Waipahu Hilo Wailuku Lihue Kailua-Kona

Main Office
94-168 Leoole Street, Waipahu, HI, 96797
Mailing Address: P.O Box 970126
Waipahu, HI, 96797-0126
Phone: (808) 671-0541 Fax: (808) 671-0440

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(If the document is handwritten, please print legibly)

POSITION APPLYING FOR	BRANCH APPLYING TO	DATE OF APPLICATION

How did you learn about Allied Machinery Corp.? (Check all that applies)

☐ ADVERTISEMENT ☐ JOB FAIR ☐ FRIEND ☐ WALK-IN

☐ EMPLOYMENT AGENCY ☐ SOCIAL MEDIA ☐ RELATIVE ☐ OTHER _____

NOTE: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO.

STREET ADDRESS	CITY, STATE, ZIP CODE

E-MAIL ADDRESS	PHONE NO.	CELL NO.

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ YES ☐ NO

Have you ever filed an employment application with us before? ☐ YES ☐ NO

If yes, please provide the date: _____

Have you ever been employed with Allied Machinery Corp. before? ☐ YES ☐ NO

If yes, please provide the date: _____

Are you currently employed? ☐ YES ☐ NO

May we contact your current employer? ☐ YES ☐ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ YES ☐ NO

Proof of citizenship or immigration status will be required upon employment.

On what date will you be available to work? _____

Are you available to work: ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary

Are you currently on “lay-off” status and subject to recall? ☐ YES ☐ NO

Can you travel if a job requires it? ☐ YES ☐ NO

Have you been convicted of a felony within the last 7 years? ☐ YES ☐ NO

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ACADEMIC BACKGROUND

	Name & Address of School	Course of Study	Years	Diploma/Degree Achieved
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read, and or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities you may have

Describe any job-related training received in the United States Military

EMPLOYMENT HISTORY

Start with your present or previous job. Include any job related military service assignments and volunteer activities.
You may excluse organizations which indicate race, color, gender, national origin, disabilities, or other protected status.

EMPLOYER 1	DATES EMPLOYED **FROM** _____ **TO** _____	**WORK PERFORMED AND OR RESPONSIBILITIES**
ADDRESS		
PHONE NO.		REASON FOR LEAVING
SUPERVISOR		

EMPLOYER 2	DATES EMPLOYED **FROM** _____ **TO** _____	**WORK PERFORMED AND OR RESPONSIBILITIES**
ADDRESS		
PHONE NO.		REASON FOR LEAVING
SUPERVISOR		

EMPLOYER 3	DATES EMPLOYED **FROM** _____ **TO** _____	**WORK PERFORMED AND OR RESPONSIBILITIES**
ADDRESS		
PHONE NO.		REASON FOR LEAVING
SUPERVISOR		

EMPLOYER 4	DATES EMPLOYED **FROM** _____ **TO** _____	**WORK PERFORMED AND OR RESPONSIBILITIES**
ADDRESS		
PHONE NO.		REASON FOR LEAVING
SUPERVISOR		

EMPLOYER 5	DATES EMPLOYED **FROM** _____ **TO** _____	**WORK PERFORMED AND OR RESPONSIBILITIES**
ADDRESS		
PHONE NO.		REASON FOR LEAVING
SUPERVISOR		

If you need additional space, please continue on a separate sheet of paper. Please list professional, trade, business, or civic activities, and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, or other protected status.

ADDITIONAL INFORMATION

Please summarize any special job-related skills and or other qualifications you acquired from previous or current employment, or other experiences.

_____

_____

_____

SPECIALIZED SKILLS

- ☐ MICROSOFT WINDOWS 7 AND LATER
- ☐ PC
- ☐ CALCULATOR
- ☐ TYPEWRITER
- ☐ E-MAIL CLIENT (Thunderbird, etc.)
- ☐ FAX & COPY MACHINE
- ☐ MICROSOFT WORD
- ☐ MICROSOFT EXCEL
- ☐ WORD PERFECT
- ☐ QUATTRO PRO

CHECK SKILLS/EQUIPMENT OPERATED

Production/Model

_____

_____

_____

OTHER (list):

_____

_____

_____

Please state any additional information you feel may be helpful to us in considering your application.

_____

_____

_____

_____

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, with or without reasonable accomodation, the activities involved in the job or occupation for which you have applied? ☐ YES ☐ NO

REFERENCES

Please list at least three references.

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for my employment as may be necessary in arriving at my employment decision.

This application for employment shall be considered active for a period of time not exceeding 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may dischage at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____
Applicant's Signature Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? ☐ YES ☐ NO

Remarks _____

_____

Employed? ☐ YES ☐ NO Date of employment _____ Hourly Rate: _____

Job Title _____ Date _____

Notes _____

_____

_____

_____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open? ☐ YES ☐ NO

Position(s) considered for: _____

_____

_____
Date

Notes _____

_____

_____

_____

REV 07/2023

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Phone: (808) 982-7728
Fax: (808) 982-7776

MAUI
240 Hookahi Street
Wailuku, HI 96793
Phone: (808) 986-0691
Fax: (808) 242-1365

KAUAI
1840 Haleukana Street
P.O Box 662188
Lihue, HI 96766-7188
Phone: (808) 245-8581
Fax: (808) 246-0289

KAILUA-KONA
73-4112 Hulikoa Drive
Kailua-Kona, HI 96740
Phone: (808) 334-0102
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