



# EMPLOYMENT APPLICATION

Waipahu Hilo Wailuku Lihue Kailua-Kona

**Main Office**  
94-168 Leole Street, Waipahu, HI, 96797  
Mailing Address: P.O Box 970126  
Waipahu, HI, 96797-0126  
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**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) |  |                                       |
| <input type="checkbox"/> ADVERTISEMENT                                   | <input type="checkbox"/> JOB FAIR          | <input type="checkbox"/> FRIEND       |
| <input type="checkbox"/> WALK-IN   | <input type="checkbox"/> EMPLOYMENT AGENCY | <input type="checkbox"/> SOCIAL MEDIA |
| <input type="checkbox"/> RELATIVE  | <input type="checkbox"/> 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

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

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# EMPLOYMENT HISTORY

Start with your present or previous job. Include any job related military service assignments and volunteer activities.

You may exclude organizations which indicate race, color, gender, national origin, disabilities, or other protected status.

|                   |                        |   |
|-------------------|------------------------|---|
| <b>EMPLOYER 1</b> | DATES EMPLOYED         | <b>WORK PERFORMED AND OR RESPONSIBILITIES</b> |
|                   | FROM _____<br>TO _____ |   |
| ADDRESS           |                        | REASON FOR LEAVING                            |
| PHONE NO.         |                        |   |
| SUPERVISOR        |                        |   |

|                   |                        |   |
|-------------------|------------------------|---|
| <b>EMPLOYER 2</b> | DATES EMPLOYED         | <b>WORK PERFORMED AND OR RESPONSIBILITIES</b> |
|                   | FROM _____<br>TO _____ |   |
| ADDRESS           |                        | REASON FOR LEAVING                            |
| PHONE NO.         |                        |   |
| SUPERVISOR        |                        |   |

|                   |                        |   |
|-------------------|------------------------|---|
| <b>EMPLOYER 3</b> | DATES EMPLOYED         | <b>WORK PERFORMED AND OR RESPONSIBILITIES</b> |
|                   | FROM _____<br>TO _____ |   |
| ADDRESS           |                        | REASON FOR LEAVING                            |
| PHONE NO.         |                        |   |
| SUPERVISOR        |                        |   |

|                   |                        |   |
|-------------------|------------------------|---|
| <b>EMPLOYER 4</b> | DATES EMPLOYED         | <b>WORK PERFORMED AND OR RESPONSIBILITIES</b> |
|                   | FROM _____<br>TO _____ |   |
| ADDRESS           |                        | REASON FOR LEAVING                            |
| PHONE NO.         |                        |   |
| SUPERVISOR        |                        |   |

|                   |                        |   |
|-------------------|------------------------|---|
| <b>EMPLOYER 5</b> | DATES EMPLOYED         | <b>WORK PERFORMED AND OR RESPONSIBILITIES</b> |
|                   | FROM _____<br>TO _____ |   |
| ADDRESS           |                        | REASON FOR LEAVING                            |
| PHONE NO.         |                        |   |
| 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.

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### SPECIALIZED SKILLS

- |  |   |
|--|---|
| <input type="checkbox"/> MICROSOFT WINDOWS 7 AND LATER     | <input type="checkbox"/> FAX & COPY MACHINE |
| <input type="checkbox"/> PC                                | <input type="checkbox"/> MICROSOFT WORD     |
| <input type="checkbox"/> CALCULATOR                        | <input type="checkbox"/> MICROSOFT EXCEL    |
| <input type="checkbox"/> TYPEWRITER                        | <input type="checkbox"/> WORD PERFECT       |
| <input type="checkbox"/> E-MAIL CLIENT (Thunderbird, etc.) | <input type="checkbox"/> 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.

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**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 discharge 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 change 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Kea'au, HI 96749  
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Fax: (808) 982-7776

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

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

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