



1933 Republican Street
Honolulu, HI 96819

AN EQUAL OPPORTUNITY EMPLOYER
IT IS THE POLICY OF TADDACORP TO PROVIDE EMPLOYMENT
OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX,
NATIONAL ORIGIN, AGE, HANDICAP, OR VETERAN STATUS.

APPLICATION FOR EMPLOYMENT

IMPORTANT: PLEASE FILL IN YOUR RESPONSE ABOVE EACH LINE UNLESS OTHERWISE INDICATED. ALL ANSWERS MUST BE PRINTED OR TYPED. ANSWERS THAT ARE ILLEGIBLE OR INCOMPLETE MAY PREVENT US FROM CONSIDERING YOUR APPLICATION.

PERSONAL DATA
(FILL IN ABOVE EACH LINE)

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA NUMBER AND EXPIRATION DATE

POSITION INFORMATION
(FILL IN ABOVE EACH LINE)

POSITION APPLIED FOR

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? _____ (Yes/No)

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____ (LIST DAY/MONTH)

ARE YOU WILLING TO RELOCATE? _____ (Yes/No)

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT TADDACORP/TADDA CONSTRUCTION? _____ (Yes/No)

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY TADDACORP/TADDA CONSTRUCTION? _____ (Yes/No)

IF SO, WHEN? (MO.) _____ (YR.) _____ FOR WHAT POSITION? _____

EDUCATION

(FILL IN ABOVE EACH LINE)

ATTENDED FROM	TO	GRADUATED? (YES) (NO)	DEGREE, DIPLOMA CERT., ETC. RECEIVED?	MAJOR
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NAME AND ADDRESS OF SCHOOL

LAST HIGH SCHOOL ATTENDED / CITY/TOWN AND STATE

COLLEGE OR UNIVERSITY / CITY/TOWN AND STATE

COLLEGE OR UNIVERSITY / CITY/TOWN AND STATE

OTHER (TECHNICAL, VOCATION, GRADUATE, ETC. / CITY/TOWN AND STATE)

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?	FLUENT?	YES	NO
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LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?	FLUENT?	YES	NO
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EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

(FILL IN ABOVE EACH LINE)

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR	YOUR REASON FOR LEAVING
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POSITION(S) HELD (PLEASE LIST IN THE ORDER HELD.)

DUTIES OR JOBS PERFORMED

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR	YOUR REASON FOR LEAVING
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POSITION(S) HELD (PLEASE LIST IN THE ORDER HELD.)

DUTIES OR JOBS PERFORMED

OTHER EMPLOYMENT

(FILL IN ABOVE EACH LINE)

LIST PART-TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART-TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET? _____ (Yes/No)

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED OR TERMINATED? _____ (Yes/No)

IF YES, PLEASE EXPLAIN:

MISCELLANEOUS INFORMATION

(FILL IN ABOVE EACH LINE)

DO YOU HAVE A VALID DRIVERS LICENSE? _____ (Yes/No) LICENSE NUMBER: _____

STATE: _____ EXPIRATION DATE: _____

WHAT TYPES OF VEHICLES HAVE YOU OPERATED?

DO YOU HAVE YOUR OWN VEHICLE? _____ (Yes/No)

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? _____ (Yes/No)

IF YES, GIVE FULL PARTICULARS.

(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT)

ADDITIONAL SKILLS

LIST TOOLS THAT YOU OWN

HOBBIES AND INTERESTS

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND COMPLETE AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACTS, CIRCUMSTANCES OR OTHER INFORMATION WHICH WOULD, IF DISCLOSED, AFFECT MY APPLICATION. I FURTHER UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENT OR OMISSION OF PERTINENT INFORMATION WILL RESULT IN THE REJECTION OF MY APPLICATION, OR IN DISMISSAL IF DISCOVERED SUBSEQUENT TO MY EMPLOYMENT.

I HEREBY AFFIRM THAT BY EXECUTION OF THE APPLICATION, I ACKNOWLEDGE THAT TADDACORP HAS DISCLOSED TO ME THAT AN INVESTIGATIVE CONSUMER REPORT, INCLUDING INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING MAY BE MADE; AND THAT I, UPON WRITTEN REQUEST TO TADDACORP MADE WITHIN A REASONABLE TIME AFTER THE DATE OF THIS APPLICATION, MAY OBTAIN A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION REQUESTED.

I HEREBY AUTHORIZE TADDACORP TO REQUEST, AND I ALSO AUTHORIZE AND REQUEST EACH FORMER EMPLOYER, SCHOOL ATTENDED, AND EACH PERSON, FIRM, OR CORPORATION GIVEN AS REFERENCES ABOVE, TO FURNISH AT ANY TIME, ANY INFORMATION WHICH MAY BE SOUGHT CONCERNING ME AND MY WORK HABITS, CHARACTER OR SKILL, AND ANY OTHER DATA REQUIRED, WHETHER IN CONNECTION WITH THIS APPLICATION OR FOR PURPOSES OF COMPLYING WITH SURETY COMPANY REQUIREMENTS OR OTHERWISE.

I HEREBY AFFIRM THAT BY SUBMITTING THIS APPLICATION I AGREE TO SUBMIT TO MEDICAL EVALUATIONS AND/OR EXAMINATIONS, INCLUDING TESTS FOR THE PRESENCE OF ILLEGAL DRUGS OR ALCOHOL, PRIOR TO AND DURING EMPLOYMENT, WITHIN A TIME PERIOD PRESCRIBED BY TADDACORP AND AS OFTEN AS DIRECTED DURING EMPLOYMENT.

I HEREBY AUTHORIZE THE MEDICAL EXAMINER TO DISCLOSE TO TADDACORP ANY AND ALL FINDINGS AND CONCLUSIONS ARRIVED AT IN ANY EXAMINATION PERFORMED EITHER PRIOR TO EMPLOYMENT OR DURING EMPLOYMENT.

I UNDERSTAND THAT SHOULD I BE GIVEN EMPLOYMENT, SUCH EMPLOYMENT SHALL BE FOR AN INDEFINITE PERIOD OF TIME AND MAY BE TERMINATED, AT WILL, AT ANYTIME, FOR ANY REASON, BY ME OR BY TADDACORP WITHOUT NOTICE OR WITHOUT LIABILITY WHATSOEVER, EXCEPT FOR UNPAID WAGES OR SALARY EARNED BY THE DATE OF TERMINATION. I FURTHER UNDERSTAND THAT ONLY THE FRED TADDA OR LISA TADDA OF TADDACORP HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THIS AT WILL STANDARD AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING.

I UNDERSTAND THAT IF I AM EMPLOYED, THE TERMS AND CONDITIONS OF MY EMPLOYMENT WILL BE GOVERNED BY THIS APPLICATION AND TADDACORP'S TERMS OF EMPLOYMENT AND POLICY AND PROCEDURES, AS AMENDED FROM TIME TO TIME BY THE TADDACORP.

TADDACORP OPERATES UNDER THE PRINCIPLES OF AFFORDING EQUAL EMPLOYMENT OPPORTUNITY THROUGH AFFIRMATIVE ACTION FOR QUALIFIED HANDICAPPED INDIVIDUALS, QUALIFIED VETERANS OF THE VIETNAM ERA AND QUALIFIED DISABLED VETERANS.

ALL APPLICANTS AND EMPLOYEES WHO BELIEVE THEMSELVES TO BE MEMBERS OF ONE OR MORE OF THESE GROUPS, AND WHO WISH TO IDENTIFY THEMSELVES AS SUCH FOR THE PURPOSE OF AFFIRMATIVE ACTION CONSIDERATION ARE INVITED TO DO SO.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO DISCHARGE OR DISCIPLINARY TREATMENT. INFORMATION OBTAINED CONCERNING INDIVIDUALS SHALL BE KEPT CONFIDENTIAL, EXCEPT THAT (1) SUPERVISORS AND MANAGERS MAY BE INFORMED REGARDING DISABLED VETERANS AND HANDICAPPED INDIVIDUALS, AS NECESSARY, (2) FIRST AID AND SAFETY PERSONNEL MAY BE INFORMED, WHEN AND TO THE EXTENT APPROPRIATE, IF THE CONDITION MIGHT REQUIRE EMERGENCY TREATMENT, AND (3) GOVERNMENTAL OFFICIALS INVESTIGATING COMPLIANCE WILL BE INFORMED.

I WISH TO VOLUNTEER THE FOLLOWING INFORMATION (CHECK ONE)

_____ I DO NOT QUALIFY

I do qualify under the following:

_____ HANDICAPPED

_____ VIETNAM ERA VETERAN

_____ DISABLED VETERAN

SIGNATURE _____

DATE _____

THANK YOU FOR COMPLETING THIS APPLICATION. IT WILL REMAIN UNDER CONSIDERATION FOR SIX MONTHS. IT WILL NOT BE NECESSARY FOR YOU TO REAPPLY DURING THIS SIX MONTH PERIOD. YOUR INTEREST IN TADDACORP IS APPRECIATED.