

APPLICATION FOR EMPLOYMENT

385 Hukilike Street
 Kahului, HI 96732
 Phone: 808-270-2852
 Fax: 808-873-6048



PERSONAL INFORMATION						DATE _____			
NAME									
LAST		FIRST		MIDDLE					
ADDRESS									
STREET		CITY		STATE		ZIP			
PHONE NO(s).									
If HIRED, CAN YOU SHOW PROOF OF LEGAL AGE TO WORK AND/OR ANY NECESSARY WORK PERMITS? Yes <input type="checkbox"/> No <input type="checkbox"/>									
EMPLOYMENT DESIRED [NOTE: If hired, you will be required to perform work as required by the Company.]									
POSITION			COMPANY		FULL TIME <input type="checkbox"/>			PART TIME <input type="checkbox"/>	
DATE YOU CAN START		SALARY DESIRED			ARE YOU AVAILABLE TO WORK ANY TIME? Yes <input type="checkbox"/>			No <input type="checkbox"/>	
PLEASE LIST YOUR AVAILABILITY:		SUN	MON	TUES	WED	THURS	FRI	SAT	
		ANYTIME							
		3:00-11:00							
		8:00-4:00							
		3:30-11:30							
IF APPLICABLE DO YOU PREFER TO WORK AT A PARTICULAR MINIT STOP LOCATION? Yes <input type="checkbox"/> No <input type="checkbox"/>					IF SO, WHAT LOCATION?				
IF APPLICABLE ARE YOU WILLING TO TRAVEL TO OTHER LOCATIONS TO WORK IF HELP IS NEEDED? Yes <input type="checkbox"/> No <input type="checkbox"/>									
ARE YOU EMPLOYED NOW?									
EVER APPLIED TO THIS COMPANY BEFORE?				WHERE?		WHEN?			
EVER WORKED FOR THIS COMPANY BEFORE?		MANAGER		WHERE?		WHEN?			
HOW WERE YOU REFERRED?		DO YOU HAVE FRIENDS OR RELATIVES WORKING AT THE COMPANY YOU ARE APPLYING AT AND IF SO SPECIFY WHETHER FRIEND OR RELATIVE? Yes <input type="checkbox"/> No <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/>							
EDUCATION	NAME AND LOCATION OF SCHOOL			NO OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE/CERTIFICATE OBTAINED?			
HIGH SCHOOL									
COLLEGE									
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL									

Last

First

Middle

Please attach an additional sheet if more room is required for your educational background.

Revised 3/15/17

FORMER EMPLOYERS

LIST ALL EMPLOYERS. LIST YOUR MOST RECENT EMPLOYER FIRST. IF ADDITIONAL SPACE IS REQUIRED, ATTACH SHEET.

EMPLOYER	DATES OF SERVICE M/YR TO M/YR		WORK PERFORMED
ADDRESS			
JOB TITLE	HOURLY RATE OR MONTHLY SALARY		
SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S NAME	STARTING	
YOUR REASON FOR LEAVING		FINAL	

EMPLOYER	DATES OF SERVICE M/YR TO M/YR		WORK PERFORMED
ADDRESS			
JOB TITLE	HOURLY RATE OR MONTHLY SALARY		
SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S NAME	STARTING	
YOUR REASON FOR LEAVING		FINAL	

EMPLOYER	DATES OF SERVICE M/YR TO M/YR		WORK PERFORMED
ADDRESS			
JOB TITLE	HOURLY RATE OR MONTHLY SALARY		
SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S NAME	STARTING	
YOUR REASON FOR LEAVING		FINAL	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other special training and experience.

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, PREFERABLY PREVIOUS SUPERVISORS.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

CERTIFICATION

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I UNDERSTAND THAT ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION AND I CONSENT THAT YOU MAY CONTACT REFERENCES, FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS LISTED IN THIS APPLICATION. IF OFFERED EMPLOYMENT WITH ANY OF THE THE EMAU COMPANIES-(HAWAII PETROLEUM, INC., MINIT STOP HOLDINGS, LLC.), THE OFFER OF EMPLOYMENT IS CONTINGENT UPON ME SUCCESSFULLY PASSING A PRE-EMPLOYMENT DRUG SCREEN AND, IF NECESSARY, CONFIRMATORY DRUG TEST, A PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK, AND PROVIDING A CERTIFICATE OF TUBERCULOSIS (Tb) EXAMINATION AS APPLICABLE. I UNDERSTAND THAT IF I DO NOT SUCCESSFULLY PASS THE PRE-EMPLOYMENT DRUG SCREEN/DRUG TEST, THE PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK AND DO NOT PROVIDE A CERTIFICATE OF TUBERCULOSIS (Tb) EXAMINATION (IF REQUIRED), MY CONDITIONAL OFFER OF EMPLOYMENT WITH ANY OF THE EMAU COMPANIES WILL BE RESCINDED.

IN THE EVENT I AM EMPLOYED BY ANY OF THE EMAU COMPANIES, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT SUCH EMPLOYMENT AND COMPENSATION WILL BE SUBJECT TO TERMINATION, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT, IF EMPLOYED, THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

ALL EMAU COMPANIES ARE AN EQUAL OPPORTUNITY EMPLOYERS AND DO NOT DISCRIMINATE ON THE BASIS OF ANY LEGALLY PROTECTED CATEGORY. IF YOU REQUIRE AY REASONABLE ACCOMMODATION TO COMPLETE THE APPLICATION AND/OR INTERVIEW PROCESS, CONTACT THE HUMAN RESOURCES DIRECTOR AT (808) 270-2852.

SIGNATURE _____

DATE _____

VOLUNTARY SELF-IDENTIFICATION RECORD

Hawaii Petroleum, Inc. is a government contractor and as such is required by law to collect data on ethnicity, gender, veteran status. This data will only be used for Affirmative Action purposes and is strictly voluntary. Please check one of the categories that you feel most characterizes your gender, ethnicity and/or veteran status:

Name: _____ Date: _____

Please answer items 1 through 3:

1. GENDER: Male _____ Female _____

2. ETHNICITY:

WHITE _____ BLACK _____

AMERICAN INDIAN OR ALASKA NATIVE _____

HISPANIC _____ ASIAN _____

PACIFIC ISLANDER _____ TWO OR MORE RACES _____

3. MILITARY STATUS (CHECK ONE IF APPLICABLE)

OTHER PROTECTED VETERAN _____

- Means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

ARMED FORCES SERVICE MEDAL VETERAN _____

- Means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp. p159).

RECENTLY SEPERATED VETERAN _____

- Means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

DISABLED VETERAN _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.