



Application for Employment

To: Applicant

Thank you for your interest in employment with Love's Bakery, Inc. We receive applications from many more people than we can interview. Therefore, it is very important that you complete the application form as thoroughly as possible as we will select candidates for an interview based on the information completed on the application.

You may attach additional information you feel may be helpful in explaining your work experience and qualifications, such as resumes, letters of recommendation, etc. If you attach a resume, please make sure you provide all information on the application form that is **not** included on your resume, such as salary, reasons for leaving and whether we may contact employer, etc.

If you are selected for an interview, you will be contacted by telephone. Therefore, please be sure you provide correct telephone number(s). There is no need for you to call us to check on the status of your application. We will contact you if you are selected for an interview.

We appreciate your cooperation with the above guidelines and thank you again for your interest in Love's Bakery, Inc.

Love's Bakery, Inc.

"Baked Fresh in Hawaii since 1851"

911 Middle Street • Honolulu, Hawai'i 96819

P.O. Box 294 • Honolulu, Hawai'i 96809

(808) 841-2088 phone • (808) 841-2646 fax

Hawaii Driver History Record

If you are applying for a driving position or a position that requires you to drive your own vehicle or a company vehicle for work, you will be asked to provide a current *Hawaii Driver History Record*. You can obtain a Hawaii Driver History Record from the State of Hawaii's Department of Traffic Bureau for a small fee. Any misrepresentation of a driver's record or abstract, including during any interview, may be grounds for rescinding a job offer or may be grounds for termination.

Substance Abuse Testing

Pre-employment drug tests are administered to all candidates before hiring. Any misrepresentation, omission of facts, tampering with testing procedures or not authorizing release of test results will be sufficient cause for rejecting a candidate or terminating an employee.

Proof of Citizenship

Per Federal law, you will be asked to provide proof that you are legally permitted to work in the United States. If you are hired, you must provide the proper form(s) of identification as documented on Form I-9, such as birth certificate, Social Security card, etc.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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.

PLEASE PRINT

Position(s)/Location(s) Applied For:

OAHU

- Production Helper (Production Department)
- Loaders/Coders (Shipping/Receiving/Warehouse)
- Sanitor (Sanitation)
- Industrial Maintenance Mechanic (Engineering)
- Delivery/Merchandising (Sales)
- Clerks , Accounting & E D P (Clerical)
- Retail Sales Clerk (Thrift Store)

HILO, KONA, MAUI & KAUAI

- Delivery/Merchandising (Sales)
- Retail Sales Clerk (Thrift Store)

Date of Application: _____

How Did You Learn About Us?

- Advertisement
- Employment Agency
- Friend
- Relative
- Walk-In
- Other _____

Last Name	First Name	Middle Name
Address	Street	City
		State
		ZIP Code
Telephone Number(s), including Cellular if available		

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 application with us before? **Yes** **No**

Have you ever been employed with us before? **Yes** **No**

Are you currently employed? **Yes** **No**

May we contact your present employer? **Yes** **No**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Proof of citizenship or immigration status will be required upon employment.)* **Yes** **No**

On what date would you be available for work? _____

Are you available to work: **Full Time** **Part Time** **Shift Work** **Temporary**

Are you available to work overtime, any day, shift or hours assigned by your supervisor? **Yes** **No**

Are you currently on "lay-off" status and subject to recall? **Yes** **No**

Can you travel if a job requires it? **Yes** **No**

Do you have a valid driver's license? **Yes** **No**

License Type: _____ Expiration Date (MM/DD/YYYY): _____

Education & Training

Name and Address	Course(s) of Study	Years Completed	Diploma(s) / Degree(s)
Elementary School			
High School			
Undergraduate College			
Graduate / Professional			
Other (Please Specify)			

Please indicate your proficiency in any foreign language(s) you speak, read and / or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities: (attach pages if needed)

Describe any job-related training received in any branch of the United States military: (attach pages if needed)

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.
(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held:
(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: Check Skills / Equipment Operated

- | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|--------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax | Production/Mobile Machinery (list) | Other (list) |
| <input type="checkbox"/> PC | <input type="checkbox"/> Calculator | _____ | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Other _____ | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: Do not answer the following 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 a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References:

1. _____ () _____
Name Daytime Telephone Number

Address _____

2. _____ () _____
Name Daytime Telephone Number

Address _____

3. _____ () _____
Name Daytime Telephone Number

Address _____

Applicant's Statement

PLEASE READ CAREFULLY BEFORE SIGNING

- A.** I certify that the information contained in this form is true and correct. I understand that any false or misleading statements or omissions regarding this form, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B.** I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C.** I understand and agree that the Company 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, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon 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.
- D.** 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. The cost of such examination will be paid by the Company. 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. Also, I 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.
- E.** I agree that the Company 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 record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than ten (10) years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered. I further understand that if a period of incarceration was less than the sentence shown on my criminal conviction record, I will have the opportunity to provide the Company with documentary evidence of my early release.
- F.** I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Company.
- G.** I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes No

Remarks

Employed? Yes No

Date of Employment

Interviewer

Date

By Name & Title

Date

Job Title

Hourly Rate / Salary

Department

Confidential & Voluntary Self Identification

This Company is a federal contractor and has adopted an affirmative action plan. It annually analyzes its workforce to ensure non-discrimination and equal employment opportunity for all employees. To assist us in that effort, we are asking all applicants to voluntarily identify their race and sex. Your cooperation will ensure accuracy. This information is completely voluntary and will be kept confidential in accordance with state and federal laws. Whether or not you choose to respond, no adverse action will be taken with regard to your employment. Thank you for your time.

1. Sex Classification:

- Male
- Female

2. EEO Classification — Race or Ethnic Identity: *(Please check only one.)*

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
 - Native Hawaiian or Pacific Islander (not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - American Indian or Alaskan Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
 - Two or More Races (not Hispanic or Latino):** All persons who identify with more than one of the above five races.
3. I have voluntarily answered items 1 and 2.
4. I do not wish to answer items 1 and 2.

Name: _____