



# BIG ISLAND TOYOTA

De Luz Family of Companies • We'll Take Care of You.



# DE LUZ CHEVROLET.com

De Luz Family of Companies We'll Take Care of You.

811 Kanoelehua Avenue, Hilo, Hawaii 96720 \* Phone: (808) 935.2920 Fax: (808) 961.2076  
APPLY ON-LINE! Our website: [www.bigislandtoyota.com](http://www.bigislandtoyota.com) or [www.deluz-chevrolet.com](http://www.deluz-chevrolet.com)

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Thank you for your interest in employment with our Company. Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

TODAY'S DATE: \_\_\_\_\_

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)					
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal check)					
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
PHONE	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  <input type="checkbox"/> YES [NOTE: If offered employment you will be required to submit documentation required by Federal law.] <input type="checkbox"/> NO			
CELL:					
E-MAIL:					

### DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	SALARY DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND/CURRENT EMPLOYEE: _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER			
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*NOTE: If hired, you will be required to perform work as required by the Company.

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

CONFIDENTIAL

## FORMER EMPLOYERS (for last 10 years)

*Please account for the last **ten (10)** years of employment.*

**FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY.**

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLES
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
WERE YOU TERMINATED OR ASKED TO RESIGN? YES <input type="checkbox"/> Please Explain:			IF NOT, REASON(S) FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLES
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
WERE YOU TERMINATED OR ASKED TO RESIGN? YES <input type="checkbox"/> Please Explain:			IF NOT, REASON(S) FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLES
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
WERE YOU TERMINATED OR ASKED TO RESIGN? YES <input type="checkbox"/> Please Explain:			IF NOT, REASON(S) FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
WERE YOU TERMINATED OR ASKED TO RESIGN? YES <input type="checkbox"/> Please Explain:			IF NOT, REASON(S) FOR LEAVING

### REFERENCES

**GIVE THE NAMES OF THREE (3) BUSINESS or WORK REFERENCES WHO ARE NOT RELATED TO YOU and who are NOT previous Supervisors.**

	NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1				
2				
3				

### JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

**SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY ASSIST YOU IN PERFORMING THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING. IF DRIVING IS REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING, PLEASE PROVIDE YOUR VALID DRIVERS LICENSE NUMBER, EXPIRATION DATE, AND STATE OF ISSUANCE. ALSO, EXPLAIN ANY PERIODS THAT YOU WERE NOT WORKING DURING THE PAST TEN (10) YEARS, OTHER THAN DUE TO PERSONAL ILLNESS, INJURY OR DISABILITY. USE ADDITIONAL PAPER IF NECESSARY.**



**BIG ISLAND TOYOTA**

De Luz Family of Companies • We'll Take Care of You.



**DE LUZ CHEVROLET.com**  
De Luz Family of Companies We'll Take Care of You.

**CERTIFICATION**  
**PLEASE READ CAREFULLY BEFORE SIGNING**

- A. I certify that the information contained in this application is true, correct and complete. I understand that any false or misleading statements or omissions regarding this application or during the interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and/or how discovered.
- 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 BY EITHER MYSELF OR THE COMPANY.**
- C. I understand and agree that only the President of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
- D. 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. I understand and agree that any offered employment or continued employment by the Company, shall be conditional 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 I release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. 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. 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 or for any other employment purposes.
- F. 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 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. 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.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Company of any agreements that would limit my ability to work for the Company.
- I. 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.

Authorization/Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_