

# ALOHA PRODUCE, INC.

P.O. BOX 3099, CLACKAMAS, OR 97015  
16111 SE 98<sup>TH</sup> AVENUE CLACKAMAS, OR 97015  
PH. (503) 239-0300

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## APPLICATION FOR EMPLOYMENT

Aloha Produce, Inc. fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, Aloha Produce, Inc. maintains a smoke-free workplace.

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(Please print and answer each question completely.)

### PERSONAL INFORMATION

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip code

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Personal Email Address \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

How did you learn of Aloha Produce, Inc.? \_\_\_\_\_

Have you ever applied or worked for Aloha Produce, Inc. before? \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT HISTORY

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for.

Name, City & State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED/ Licenses/ Certification/Other							

**DRIVING RECORD**

(Answer only if driving is a requirement of the job for which you are applying.)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)**

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either question, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**W.B. ADAMS CO.**

*General Insurance*

***Risk Management Services***

*14737 SW Millikan Way*

*Beaverton, OR 97006*

*(503) 644-9945 Fax: (503) 644-9997*

*e-mail address: ashleys@wbadams.com*

## Driving Record Release Form

I understand and agree that as part of the employment process, my Employer and their Insurance Agency, WB Adams Co., have the right to request my motor vehicle license report from the State I am licensed in.

This report may be disclosed to my Employer, the Insurance Agency and other parties as my motor vehicle license report relates to my qualifications as a driver. Violations on the report may disqualify me from employment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATE OF APPLICANT** *(Read carefully before signing.)*

I certify the following:

1. All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection, or if employed, may result in dismissal.
2. I authorize the company to undertake a criminal background check.
3. I understand this is a preliminary application and not a contract to employ me. I further understand, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time upon notice by either myself or Aloha Produce, Inc. If employed, I agree to comply with all reasonable rules of Aloha Produce, Inc. as a condition of continued employment.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

# Drug Testing Consent Form

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I have applied for employment with \_\_\_\_\_ (the "Company"). As a condition for my Application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by the Company for employment.

I hereby authorize the Company or any medical professional retained by the Company for screening purposes to conduct such screening and to provide such results to the Company. I release the Company and any person affiliated with the Company and any such institution or person conducting the screening from liability.

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APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME

## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided on resumes, attachments to this application, interviews or otherwise (if applicable) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentation or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

**I consent to and authorize Aloha Produce, Inc. to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.**

**I further authorize the listed references to give Aloha Produce, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.**

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR ALOHA PRODUCE, INC. WITH OR WITHOUT NOTICE OR CUASE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND ALOHA PRODUCE, INC.

I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH ALOHA PRODUCE, INC. MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF ALOHA PRODUCE, INC.

I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize Aloha Produce, Inc. to release the results of my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other clients for whom I have applied for employment, and release Aloha Produce, Inc. and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.