



ROBERTS HAWAII

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, age, national origin, ancestry, marital status, arrest and court record, disability, sexual orientation, lactation, military service or any other category prohibited by state or federal law, unless there are specific Bona Fide Occupational Qualifications (BFOQ), as prescribed by law.

Applicant: Read and sign before submitting this application:

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

SIGNATURE OF APPLICANT _____ DATE _____

COMPANY ROBERTS HAWAII, INC. STREET ADDRESS 680 IWILEI ROAD, SUITE 700

CITY, STATE AND ZIP CODE HONOLULU, HI 96817

NAME _____ PHONE _____ SOCIAL SEC. NO. _____
(First) (Middle) (Last)

CURRENT ADDRESS _____
(Street) (City) (State & Zip Code)

(IF AT THE ABOVE ADDRESS LESS THAN THREE (3) YEARS, LIST ALL ADDRESSES FOR THE PAST THREE (3) YEARS.)

LIST ADDRESSES FOR PAST THREE YEARS { _____
(Street) (City) (State & Zip Code)

(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE OF BIRTH _____ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

IN CASE OF EMERGENCY NOTIFY: _____
(Name) (Address) (Phone)

POSITION APPLIED FOR _____ TEMPORARY OR FULL-TIME _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

WHO REFERRED YOU _____ RATE OF PAY EXPECTED _____

PHYSICAL HISTORY

YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION ABOUT ANY PHYSICAL/MEDICAL/MENTAL DISABILITIES THAT WILL NOT INTERFERE WITH THE PERFORMANCE OF ESSENTIAL JOB FUNCTIONS. HOWEVER, IF YOU WISH TO DISCLOSE SUCH INFORMATION VOLUNTARILY FOR SPECIAL ARRANGEMENT CONSIDERATION FROM THE COMPANY, DO SO ACCORDINGLY. YOU MAY SUGGEST REASONABLE ACCOMMODATION THAT IS APPROPRIATE TO THE JOB, COMPANY, AND THE PHYSICAL/MEDICAL/MENTAL/ IMPAIRMENT. _____

DATE OF LAST DOT PHYSICAL EXAMINATION _____

HAVE YOU BEEN GRANTED A SKILLS PERFORMANCE EVALUATION (SPE) CERTIFICATE OR A WAIVER UNDER SECTION 391.49 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS PERTAINING TO THE LOSS OF FOOT, LEG, HAND OR ARM? (FOR DRIVERS ONLY) _____

EMPLOYMENT RECORD

NOTE: D.O.T. requires that Employment for at Least 3 Years be Shown for Drivers. Effective July 1, 1987, DRIVER applicants must also show employment as a commercial driver during the past TEN-year period. (ATTACH Additional Sheet if needed.)

LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
ADDRESS _____ PHONE NUMBER _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs (FEDERAL MOTOR CARRIER SAFETY REGULATIONS) WHILE EMPLOYED BY THIS EMPLOYER? YES _____ NO _____
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

SECOND LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
ADDRESS _____ PHONE NUMBER _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs (FEDERAL MOTOR CARRIER SAFETY REGULATIONS) WHILE EMPLOYED BY THIS EMPLOYER? YES _____ NO _____
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

THIRD LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
ADDRESS _____ PHONE NUMBER _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs (FEDERAL MOTOR CARRIER SAFETY REGULATIONS) WHILE EMPLOYED BY THIS EMPLOYER? YES _____ NO _____
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS-AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

FOURTH LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
ADDRESS _____ PHONE NUMBER _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs (FEDERAL MOTOR CARRIER SAFETY REGULATIONS) WHILE EMPLOYED BY THIS EMPLOYER? YES _____ NO _____
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

FIFTH LAST EMPLOYER: NAME _____ SUPERVISOR'S NAME _____
ADDRESS _____ PHONE NUMBER _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRs (FEDERAL MOTOR CARRIER SAFETY REGULATIONS) WHILE EMPLOYED BY THIS EMPLOYER? YES _____ NO _____
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED _____
(Name) (Address)

GENERAL

HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME? (PLEASE PROVIDE NAME) _____

HAVE YOU EVER BEEN BONDED: YES _____ NO _____ NAME OF BONDING COMPANY _____
(ANSWER ONLY IF A JOB REQUIREMENT)

HAVE YOU EVER BEEN CONVICTED OF A FELONY SUBSTANTIALLY RELATED TO THE FUNCTIONS AND RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING? YES _____ NO _____

IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT - ALL CIRCUMSTANCES WILL BE CONSIDERED.

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES HELD IN PAST 3 YRS MUST BE SHOWN				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified subject to 391.15 of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK		/ /	/ /	
TRACTOR/SEMI-TRAILER		/ /	/ /	
TWIN-TRAILERS		/ /	/ /	
PASSENGER BUS		/ /	/ /	
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT REVIEW FOR THE PAST 3 YEARS (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NO. OF FATALITIES	NO. OF INJURIES	Chemical	
				YES	Spill NO
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND FORFEITED BONDS OR COLLATERAL FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

VIOLATION	DATE CONVICTED	CITY/STATE OF VIOLATION	PENALTY (forfeited bond, collateral or points)

EXPERIENCE AND QUALIFICATIONS - MAINTENANCE

List courses and training in maintenance work _____

Indicate training and experience in the following:	Training (Check)	Years of Experience	Area	Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up And Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Preventive Maintenance			Safety Line Checking		

Show equipment you can operate	Training (Check)	Years of Experience	Equipment	Training (Check)	Years of Experience
Woodworking Equipment			Wheel & Tire Balancing Mach.		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		

EXPERIENCE AND QUALIFICATIONS - CLERICAL

List courses and training in office work _____

Indicate training and experience in the following:	Training (Check)	Years of Experience		Training (Check)	Years of Experience
Typing *			Accounting		
Shorthand *			OS&D		
Billing			Interline		
TWX			Claims		
PBX			Cashier		
Key Punch Operator			Dispatcher		
Calculator			Tabulator		
Dictating Machine Transcriber			Mimeograph		
Booking Machine			Rates (indicate tariffs with which you have worked)		
Adding Machine					
Other:					

EXPERIENCE AND QUALIFICATIONS - PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH _____

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.) _____

SHOW COURSES OR TRAINING IN PLATFORM WORK _____

REFERENCES

Please provide three (3) references who are not related to you and who are not former employers.

Name	Address	Telephone Number

TO BE READ AND SIGNED BY APPLICANT

If employed, I agree to conform to the guidelines and policies described in the Employee Handbook, department policy and procedure manuals, and such other guidelines and policies that may be issued in the future. I understand that my employment is **at-will** and that I may resign or be terminated at any time or for any reason. I understand and agree that only the President of the Company has the authority to enter into any agreement to employ me for any specified period of time or to modify my status as an at-will employee and that any such agreement must be in writing.

It is a policy of ROBERT'S HAWAII, INC. and its affiliates ("Company") to hire only American citizens and aliens who are authorized to work in the United States. I understand that as a condition of my employment with ROBERT'S HAWAII INC or its affiliates, I will be required to produce original documents establishing my identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9 in compliance with the Immigration Reform and Control Act of 1986.

I consent to and authorize the Company to make a full and complete investigation of my personal and employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Company with any information of any sort (including fact or opinion) they may have regarding me.

I understand that my previous Department of Transportation ("DOT") regulated employers will also be contacted for the purpose of investigating my safety performance history information as required by regulations. I understand that I have a right to review the information provided by the previous employers, to have errors corrected by the previous employer, and to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information. I further understand that if I choose to review investigative information from my previous DOT regulated employer(s), I must submit a written request to the Company within 30 days. If I have not arranged to receive the requested records within 30 days of the Company making them available, I will be considered to have waived my request to review these records.

In consideration of the Company's review of this Application, I release the Company and all providers of any information from any liability as a result of furnishing and receiving this information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and/or documentation and complete such examinations as may be required to complete my employment file.

I understand that I may be required to submit to **substance abuse testing** and a post-offer medical examination as part of my application for employment with ROBERT'S HAWAII INC or its affiliates. I also understand that I may be required to submit to a medical examination at any time during my employment with Robert's, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory analyzing any specimen obtained by the examination and/or testing to disclose the results of the examination and/or the substance abuse test to Robert's in accordance with state and federal laws.

I understand that it is the policy of Robert's Hawaii, Inc. and its affiliates to keep all applications for 6 months, after which they will be purged.

No oral or written employment contract is intended or created by this Application for Employment, or by any other statements made in conjunction with my interview and/or hire.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature