



Grace Pacific LLC

A SUBSIDIARY OF ALEXANDER & BALDWIN, INC.

G P Roadway Solutions • GPRM Prestress • GLP Asphalt • Maui Paving

NAME (Please Print) LAST		FIRST	MIDDLE	SOCIAL SECURITY NO. XXX -- XX --	DATE
ADDRESS		STREET		CITY	STATE ZIP CODE
TELEPHONE	Landline	Cellular	Other	POSITION APPLYING FOR (Application may be disqualified if a specific position is not noted.)	
HOW DID YOU HEAR ABOUT THIS JOB?			WHEN ARE YOU AVAILABLE TO START?		WHAT IS YOUR DESIRED PAY RATE?

GENERAL INFORMATION

Have you applied with or been employed by Grace Pacific LLC (GP) or any of its affiliated companies before? YES NO

If yes, when? (Note approximate date(s) and location(s): _____

Are you legally entitled to work in the United States? YES NO

(Note: Proof of eligibility will be required upon employment.)

Valid Hawaii driver's license? YES NO CLASS ___ CDL? YES NO TYPE ___ RESTRICTIONS? YES NO
Explain restrictions below. If offered a position, you may be required to submit a Driver History Record and meet DoT requirements.

Can you with or without reasonable accommodation perform the essential functions of this job? YES NO
(If you have any questions about the functions of the job, please ask for a copy of the job posting before answering this question.)

Name of friend(s) or relative(s) in our employ: _____

Have you ever been fired or asked to resign from a job? If yes, please explain. _____

Day and hours available: _____
(If I am offered a position and my availability changes I will immediately notify the Human Resources office.)

EDUCATION AND TRAINING

	Name & Location of School	Course of Study or Major	No. of Years Completed	Diploma/Degree
High School				
College				
Graduate				
Vocational				

Please list special skills and types of equipment you operate: _____

Computer skills: _____

Certifications (Professional, trade, equipment, etc.) _____

Professional Organizations: _____

RELEASE AND AUTHORIZATION

I authorize GP to request verification of statements made by me on my employment application.
I also give permission to the companies addressed to release the information requested and agree to hold those companies harmless from any and all liabilities of any kind and nature in connection with any information provided to GP.

Signature _____ Date _____

EOE / Minorities / Females / Vet / Disabled

No question on this application (or any other accompanying or required documents) is intended to be discriminatory under any applicable Federal, State or local Fair Employment Protection Law. We encourage persons of all races, color, religion, gender, pregnancy, national origin, age, disability, ancestry, sexual orientation, gender identity or expression, domestic or sexual violence victim status, arrest and court record except as provided by H.R.S. §378-2.5, marital status, military service, military/veteran status, citizenship, genetic information, credit history or credit report except as provided by H.R.S. ch. 378, or any other characteristic protected by law.

EMPLOYMENT HISTORY - Begin with your current or most recent employer. Do not exclude any employment. At the least, information must include all employment within the past 3 years. Applicants who drive commercial motor vehicles are required to provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. Include any applicable temporary employment. **Please request another sheet, if necessary. Information must be thorough, even if a resume is attached, or your application may be disqualified. *Required items.**

*Company Name	*Address/City/State/Zip	*Phone: Fax:
Employment Dates From: To:	Name & Title of Supervisor	
Job Title & Duties	Reason for Leaving and Explanation	

*Company Name	*Address/City/State/Zip	*Phone: Fax:
Employment Dates From: To:	Name & Title of Supervisor	
Job Title & Duties	Reason for Leaving and Explanation	

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*Company Name	*Address/City/State/Zip	*Phone: Fax:
Employment Dates From: To:	Name & Title of Supervisor	
Job Title & Duties	Reason for Leaving and Explanation	

Accommodations for Persons with Disabilities

The company will attempt to make reasonable accommodation if you need assistance in applying for a position. An individual with a disability may voluntarily self-identify, at any time, by contacting a supervisor or Human Resources representative. Should you self-identify as disabled this information will be kept confidential except to make reasonable accommodation or to take affirmative action regarding your disability.

CERTIFICATION: PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by GP or any of its affiliated companies, such employment is "at will" for no specified duration and may be terminated by either GP or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of GP or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of GP except the President and CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President and CEO of GP. In consideration for employment with GP, if employed, I agree to conform to the rules, regulations, policies and procedures of GP at all times and understand that such conformance is a condition of employment. I understand that if offered a position with GP, I may be required to submit to a pre-employment drug screening, physical examination and/or background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to GP and/or any of its representatives, agents or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application will be retained for one year. If any information on this form changes, I may be asked to submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE

DATE

Confidential Voluntary Self-Identification

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports. To assist in this process, you are invited to complete this questionnaire which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, kept confidential, and used only in accordance with government regulations and Affirmative Action Policy. Refusal to provide this data will not adversely affect consideration for employment.

GENDER: (Please check one of the options below)

Male **Female**

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. **(H)**

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa. **(W)**

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa. **(B)**

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. **(P)**

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. **(A)**

American Indian or Alaska 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. **(I)**

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races. **(2)**

Position you are applying for _____

How were you referred:

State HireNet Ad Relative/Friend Agency Walk-in

Job Job Fair & Other (describe) _____

APPLICANT'S NAME (please print) _____

Signature _____

Date: _____

Voluntary Self-Identification of Veterans Status (Pre-Offer)

Grace Pacific LLC is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "*disabled veteran*" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "*recently separated veteran*" means any 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.

An "*active duty wartime or campaign badge 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.

An "*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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN

Print Name

Date

Signature

01/01/15

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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
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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.