KAWIKA'S PAINTING, INC.
Excellence in Painting & Restoration Services
SINCE 1983

2143 Eluwene Street
Honolulu, HI 96819
Ph: 848-0003 Fax: 842-1908

Application for Employment

The following information is requested in order to help us make the best possible placement within this company. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application. However, please beware that the completion of this application in no way guarantees you a position with the company. The company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, arrest and court record, sexual orientation, other grounds protected under state or federal law, except where a bona-fide occupational qualification exists. The company will not refuse to hire a more qualified disabled applicant who is capable of performing all of the essential functions of the job with or without reasonable accommodation. Applications requiring accommodation in the interview process should contact the President. This application for employment is valid for a three-month period after submission to the company and only for the position applied.

Please print. All applicants must complete sections 1, 2, 3, 4, 8 and any other applicable section. If additional space is required attach sheet.

1. Personal Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Desired Wage: $_____

Position Applied for: _____
NOTE: If hired, you will be required to perform work as required by the Company.

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐
[Note: If offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act.]

Do you possess a current driver's license? YES ☐ NO ☐ Driver Lic. No. _____

Transportation (reliable personal automobile): YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

How were you referred to the Company? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your job performance. However, if you want the Company to consider special arrangements to accommodate physical or mental impairment, you may suggest the kind of accommodations that you believe would be appropriate for consideration by the Company in the space below. [NOTE: If you have been provided a job description of the position for which you are applying, please review the job description carefully to determine whether you are able to perform the essential job functions, with or without a reasonable accommodation, and make your voluntary disclosure accordingly.]

_____

Apart from absences for religious observances, will you be able to work overtime and weekends? YES ☐ NO ☐

2. Education/Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address:

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

3. References

Please list three professional references. May we contact? YES ☐ NO ☐

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

4. Previous Employment

List most recent employer first.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title:

Work Performed: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Work Performed: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Work Performed: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

5. Special Skills and Qualifications

List special training or noteworthy achievement, i.e. OSHA 10, SIA certification, etc.

_____

_____

_____

6. Clerical and Secretarial Applicants ONLY

Make "√" for knowledge. Make "X" for knowledge plus actual experience.

☐ Calculating Machine
10-Key Touch ability ☐ Yes ☐ No
☐ Typing _____ WPM
☐ Shorthand ____WPM

☐ Computer type _____
☐ Proof Reading
☐ Microsoft Outlook
☐ Adobe Photoshop

☐ Accounting Software
☐ Excel / Spread Sheets
☐ Microsoft Word

7. Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

_____

8. Certification and Signature

A. I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false or misleading statements or misleading statements or material omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.

B. If employed by the Company, I agree to confirm to the guidelines and policies of the company, and understand that my employment is at-will and can be terminated at any time and for any reason.

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.

D. I consent to an authorize the Company to make a full and complete investigation of my personal or 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. 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.

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 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 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.

F. Although the Company makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shiftwork, rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my employment.

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.

H. In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of Employment.

I certify that my answers are true and complete to the best of my knowledge and acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Comments
1		
2		
3		

Interviewer Name and Comments:

KAWIKA'S PAINTING INC
Excellence in Painting & Restoration Services
SINCE 1981

2143 ELUWENE STREET, HONOLULU, HI 96819
(808) 848-0003 Fax (808) 842-1908
LIC # BC 22156

EQUAL OPPORTUNITY EMPLOYER POLICY STATEMENT

TO: ALL EMPLOYEES AND APPLICANTS

It is KAWIKA'S PAINTING INC.'S (the "Company") policy not to discriminate against any qualified employee or applicant for employment in any position based on race, color, religion, ethnicity, ancestry, national origin, citizenship, veteran or military status, sex, sexual orientation or gender (which includes gender identity and expression), pregnancy (including childbirth or related conditions and lactation/breastfeeding), marital status, age, physical or mental disability, genetic information, taking or requesting statutorily protected leave or other benefits, arrest and court record, credit history or credit report, status as a domestic or sexual violence victim, reproductive health decision, or any other basis protected by federal or state laws, regulations, and/or any executive order, except as allowed by law.

The Company will recruit, hire, train and promote personnel based only on job-related criteria and will ensure that all terms, conditions, and privileges of employment are administered in an equitable and non-discriminatory manner. Affirmative action will be taken to employ and advance in employment qualified women, minorities, individuals with disabilities, and protected veterans.

The President has overall responsibility for the Company's Equal Opportunity Policy. The Office Manager has been appointed as our Corporate Equal Employment Opportunity Officer ("EEO Officer") and shall represent the President in all matters related to this Policy and the Affirmative Action Plan. All other officers, managers and supervisors share in the responsibility of the successful administration of these programs. Performance under these programs will be evaluated, as is performance of all of our other company objectives. The EEO Officer, with the assistance of designated staff, is responsible for conducting periodic audits to ensure compliance with Company policies and federal and state laws relating to equal employment opportunity and affirmative action. Where the need for additional action is indicated, the EEO Officer will recommend corrective measures to managers and supervisors. Managers and supervisors are accountable for seeing that this Policy and the Affirmative Action Plan are carried out in relation to training assignments, transfers, promotions, and other conditions of employment as they apply to employees. Effectiveness in meeting equal opportunity and affirmative action responsibilities will be considered a part of each manager's and supervisor's periodic performance appraisal.

Employees and applicants of the Company will not be subject to harassment, intimidation, threats, coercion, or discrimination because they have engaged or may engage in: (1) filing a complaint; (2) assisting or participating in an investigation, compliance evaluation, hearing, or any other activity related to the administration of equal employment and affirmative action provisions of any federal, state, or local law; (3) opposing any act or practice made unlawful by federal, state, or local law and implementing regulations relating to equal employment and affirmative action; and (4) exercising any other right protected by such laws and regulations.

Our Affirmative Action Plan is available for inspection upon request. Please contact the EEO Officer during regular business hours if you have any questions or wish to inspect the plan.

The Company is committed to equal employment opportunity and affirmative action and expects your full support and cooperation.,

President

AFFIRMATIVE ACTION SELF-IDENTIFICATION SURVEY (PRE-OFFER)

Name_____ Date _____

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, national origin, or veterans status. This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their gender, race or ethnicity, and veteran status. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and separate from other personnel records, and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the Federal Government for civil rights enforcement. When reported, data will not identify any specific individual.

Question 1 — *Gender:* Please identify your gender: ☐ Male ☐ Female

Question 2 – *Ethnicity*: Below are two questions; the first is about your ethnicity and the second about your race. Please answer both questions. In answering the second question, you may select one or more races. The summarized information is reported to the federal government for civil rights enforcement and monitoring purposes. For these purposes, if you mark "Yes, Hispanic or Latino," for the first question, your race will not be reported. If you select more than one race, you will be reported in the "Two or More Races" category to the federal government. For example, if you select both "Black" and "Asian," you will be reported in the "Two or More Races" category.

Ethnicity: Are you Hispanic or Latino?

☐ No, not Hispanic or Latino.
☐ Yes, Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

Race: What is your race? Select one or more of the following race categories:

☐ White (any of the original peoples of Europe, the Middle East, or North Africa).
☐ Black or African American (any of the black racial groups of Africa).
☐ Asian (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).
☐ Native Hawaiian or Other Pacific Islander (any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
☐ American Indian or Alaska Native (any of the original peoples of North and South America, including Central America).

Question 3 – *Veteran Status*: This employer 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 (collectively, "protected veterans"). These classifications are defined as follows:

- A "disabled veteran" is one of the following: (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

- A "recently separated veteran" means any veteran discharged or released from active duty within the last three (3) years.

- 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 (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-USADOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below:

☐ I identify as one or more of the classifications of protected veteran listed above

☐ I am not a protected veteran

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.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____ Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

☐ Yes, I have a disability, or have had one in the past
☐ No, I do not have a disability and have not had one in the past
☐ I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: Date of Hire: