



If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your 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 the federal laws.

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Summarize any special training, skills, license and/or certificates that may assist you in performing the position for which you are applying. Please include a list of any production or machinery you have been trained to operate (forklifts, heavy equipment, packers, etc.). If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance:

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**DRIVER CERTIFICATIONS & PERMITS**

DRIVER LICENSES	State	License Number	Type	Expiration Date

**DRIVING EXPERIENCE**

Class of Equipment	Check Yes or No	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. No. of Miles (Total)
			To	From	
Straight Truck	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Tractor & Semi-Trailer	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Tractor & Two Trailers	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other:					
Other:					

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE** *If none, write none*

Dates (Begin with Most Recent)	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (NON-PARKING) *If none, write none***

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

If "Yes", please explain in detail:

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B. Has any license permit or privilege ever been suspended or revoked?      Yes       No

If "Yes", please explain in detail:

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants who drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Attach additional sheets if necessary.)

Name of Present or Most Recent Employer			
Address		City	State      Zip
Starting Date	Date Last Worked	Job Title(s)	
Starting Salary / Hourly Rate		Final Salary / Hourly Rate	
Amount of Last Commission / Bonus?		Frequency of Bonus?	
Where you subject to the FMCRs <sup>^</sup> While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Supervisor		Title	Phone Number
Summarize Type of Work Performed and Job Responsibilities			
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	

Name of Next Previous Employer			
Address		City	State      Zip
Starting Date	Date Last Worked	Job Title(s)	
Starting Salary / Hourly Rate		Final Salary / Hourly Rate	
Amount of Last Commission / Bonus?		Frequency of Bonus?	
Where you subject to the FMCRs <sup>^</sup> While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Supervisor		Title	Phone Number
Summarize Type of Work Performed and Job Responsibilities			
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	

Name of Next Previous Employer			
Address		City	State Zip
Starting Date	Date Last Worked	Job Title(s)	
Starting Salary / Hourly Rate		Final Salary / Hourly Rate	
Amount of Last Commission / Bonus?		Frequency of Bonus?	
Where you subject to the FMCRs <sup>^</sup> While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Title	Phone Number	
Summarize Type of Work Performed and Job Responsibilities			
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	

Name of Next Previous Employer			
Address		City	State Zip
Starting Date	Date Last Worked	Job Title(s)	
Starting Salary / Hourly Rate		Final Salary / Hourly Rate	
Amount of Last Commission / Bonus?		Frequency of Bonus?	
Where you subject to the FMCRs <sup>^</sup> While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Supervisor	Title	Phone Number	
Summarize Type of Work Performed and Job Responsibilities			
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	

(ATTACH SHEET IF MORE SPACE IS NEEDED)

\*Includes vehicles having GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

<sup>^</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) applies to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EMPLOYMENT GAPS**

Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability:

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**SPECIALIZED SKILLS**

Typing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, WPM _____
10-key by touch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Word Processing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Software _____
Data Base	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Software _____
Spreadsheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Software _____
Other (list):	_____		
	_____		

Note to Applicants: PLEASE ANSWER THE FOLLOWING QUESTION AFTER YOU HAVE REVIEWED A COPY OF THE JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING:

Are you capable of fully performing the job or occupation description for which you have applied? (I verify that a description of the activities involved in such a job or occupation is attached or has been provided me.)

Yes                       No

**REFERENCES**

Please list three persons who know you well and are willing to attest to your integrity and are willing to recommend you for a position of special trust and confidence. Please list persons who are not family members and/or prior employers:

Name	Title	Relationship to you	Phone Number	Number of Years Known

**CERTIFICATION**

**Please read carefully before signing. By your signature below you are legally indicating that you fully understand the content and meaning of this certification. Please ask any questions you may have if you do not understand this or any other aspect of this application certification.**

I certify that all statements on this application are true and complete. I understand that any false or misleading information, misrepresentation, misstatement, or omission, regardless of how discovered, is sufficient grounds for disqualification from further consideration, or if employed, dismissal from employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with this organization is of an AT-WILL NATURE, WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND THE Employer may discharge me at any time with or without cause. It is further understood that this AT-WILL employment relationship may not be changed by any written document or by conduct, regardless of the source, unless such change is specifically acknowledged in writing by the President of BOMAT, Ltd.**

I understand and agree that BOMAT, Ltd. (Company) may make full and complete investigation of my personal 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 any employment offer or continued employment shall be conditional on 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 release and waive any claims against the Company for truthfully communicating any such information to a potential future employer.

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.

I agree that BOMAT, Ltd. 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.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with BOMAT, Ltd. if I am employed by the Company.

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Signed By

\_\_\_\_\_  
Date

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