



E NOA CORPORATION  
 OPERATORS OF ENOA TOURS AND WAIKIKI TROLLEY TOURS  
 3015 KOAPAKA STREET, HONOLULU, HAWAII 96819  
 PHONE: (808) 593-8073 EXT. 201, 202 FAX: (808) 593-1270

## Application for Employment: (For Drivers and Applicants requiring CDL)

The following information is requested in order to help us make the best possible placement within E Noa Tours and the Waikiki Trolley Tours ("Company"). All parts of this application pertaining to you must be completed. We appreciate the time you spend completing this application. However, please be aware 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 race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, and arrest and court record. Applicants requiring accommodation in the interview process should contact the Human Resources Department. This application for employment is valid for a 30-day period after submission to the Company and only for the position applied for.

**Please complete all portions of this employment application to be considered for employment.**

### I PERSONAL INFORMATION

Name (Last/First/Middle)				Email Address		
Address	Street	Apt #	City	State	Zip Code	
Phone No: (Cell): (Home): (Alternate):				Can you, after employment, submit verification of your legal right to work in the United States?		
<b>IF AT THE ABOVE ADDRESS FOR LESS THAN (3) YEARS, LIST ALL ADDRESS FOR THE PAST (3) YEARS.</b>						
Address	Street	Apt #	City	State	Zip Code	
Address	Street	Apt #	City	State	Zip Code	

### II DESIRED EMPLOYMENT

Desired Position:	Are you currently employed elsewhere?	Date able to start:	Salary Desired:
Able to work: Full Time: _____	Please indicate the dates you are <b>NOT</b> available to work: Sun:___ Mon:___ Tues:___ Wed:___ Thurs:___ Fri:___ Saturday:___		
Part Time: _____			
Both: _____			

Have you ever worked for E Noa Corporation before?	Have you ever applied for employment at E Noa Corporation?
If yes, please indicate past dates of employment:	How were you referred to E Noa?

### III EDUCATION

School Level	Name and Location of School	No. of years attended	Date of Graduation	Major
High School				
College				
Other				

### IV EMPLOYMENT RECORDS

**For Drivers: D.O.T. requires that employment for at least (3) three years be shown for drivers. Effective July 1, 1987, DRIVER applicants must also show employment as a commercial driver during the past (10) TEN year period.**

Name of Present or Last Employer		
Address		
Phone Number	Name of Supervisor	Date of Service: From: _____ To: _____
Job Title: Please Circle: Full Time or Part Time	Salary/Wage Starting: _____ Final: _____	
Description of Work		
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 required as required by 49 CFR part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Previous Employer		
Address		
Phone Number	Name of Supervisor	Date of Service: From: _____ To: _____
Job Title: Circle: Full Time or Part Time	Salary/Wage Starting: _____ Final: _____	
Description of Work		
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 required as required by 49 CFR part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Previous Employer		
Address		
Phone Number	Name of Supervisor	Date of Service: From: _____ To: _____
Job Title:  Circle: Full Time or Part Time	Salary/Wage  Starting: _____ Final: _____	
Description of Work		
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 required as required by 49 CFR part 40?

Yes \_\_\_\_\_ No \_\_\_\_\_

## V. DRIVING QUALIFICATIONS

**NOTE: DRIVER LICENSES HELD IN PAST (3) THREE YEARS MUST BE LISTED**

State	License Number	Restrictions	Type Code	Date of Expiration

## VI DRIVING EXPERIENCE:

Type of Equipment	GVW Rating	Dates Operated	Approx # of Miles
Buses			
Straight Truck			
Tractors/Semi-Trailer			
Other			

## VII ACCIDENTS DURING THE PAST 3 YEARS

Date	Type of Accident	No. of Injuries	No. of Fatalities

## VIII TRAFFIC VIOLATIONS DURING THE PAST 3 YEARS THAT YOU WERE CONVICTED OF OR FORFEITED BOND OR COLLATERAL ON

Date	City	Violation	Penalty

**TRAFFIC ABSTRACT**

Are you able to provide the company with a current traffic abstract?

Yes\_\_\_\_ No\_\_\_\_\_

If yes, when can you submit it to the company? \_\_\_\_\_

**IX. EXPERIENCE AND QUALIFICATION**

List any awards or commendations you have received, training course you have taken, or anything you feel qualifies you as an experienced driver, or that will help you in your work for this Company:

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Have you ever had your license or permit to drive revoked or suspended?

Yes\_\_\_\_ No\_\_\_\_\_

Were you ever denied a license permit or privilege to operate a vehicle?

Yes\_\_\_\_ No\_\_\_\_\_

(If you have answered “yes” to either of the above questions, please explain in detail)

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## PLEASE READ CAREFULLY BEFORE SIGNING

1. 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 are material omissions, whenever discovered, regarding this application are grounds for disqualifications from further consideration or for dismissal from employment.
2. If employed by E Noa Corporation (hereafter “company”), I agree to conform to the guidelines and policies of the Company, and understand that: **MY EMPLOYMENT IS AT WILL AND CAN BE TERMINATED AT ANYTIME, WITH OR WITHOUT CAUSE.**
3. 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.
4. I consent to and 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.
5. I understand and agree that I may be required to complete a pre-employment test, results of such test will be used to determine my eligibility for the position I am applying for.
6. 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 will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing of 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.
7. Although the Company makes every effort to accommodate individual preferences, business needs may at time make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my employment.
8. I understand and agree that all of the foregoing terms and conditions will become part my employment relationship with the Company if I am employed by the Company.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_