



Employment Application

***Please fill in all areas completely and accurately.
Type or print legibly in ink.***

Hawaii Foodservice Alliance, LLC & HFA Logistics, LLC have established a co-employment relationship with ALTRES that removes employment administration from the workplace.

Because of this relationship, if you accept an offer of employment with Hawaii Foodservice Alliance, ALTRES will become your employer for administrative purposes only and will provide human resources services to your workplace. If you have any questions about ALTRES, please call a member of our helpful staff.

Hawaii Foodservice Alliance and HFA Logistics (statewide)(808) 839-2004

ALTRES Oahu.....(808) 591-4900

ALTRES Neighbor Islands.....(800) 373-1955

ALTRES Kailua Kona.....(808) 331-1720

Hawaii Foodservice Alliance, HFA Logistics and ALTRES provide equal employment opportunity in accordance with all applicable federal and state laws. Applicants and employees are considered for employment opportunities without regard to their membership in any legally protected class, except where the law permits or requires us to do so. All decisions relating to your employment will be made without regard to any legally protected status. Only those persons legally authorized to work in the United States will be employed.



Applicant Information

Select Company(s): HFA Logistics, LLC

Hawaii Foodservice Alliance, LLC

Desired Position(s): _____

Today's Date _____

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Email

_____	_____	_____	_____	_____
Home Address	City	State	Zip	
()	()	()	()	
(Area Code) HOME Phone	(Area Code) MOBILE Phone	Name of Emergency Contact	(Area Code) Emergency Contact's Phone	

Yes No Are you currently employed?

Yes No May we contact your current employer? If no, why? _____

Yes No Are you at least 18 years of age? If you answered "No", if conditionally hired can you furnish a valid Certificate of Employment (ages 14 to 16) or a Certificate of Age (ages 16 to 18) issued by the Dept. of Labor & Industrial Relations? Yes No

Are you interested in Full-Time Part-Time or On-Call work?

Yes No Are you willing to work overtime as necessary?

Days available to work: Sun Mon Tues Wed Thur Fri Sat

Hours available to work: _____

Date available to start work: _____ Desired Pay: _____

Yes No Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you are seeking employment? If yes, what? _____

Yes No Are you legally authorized to work in the United States?
(All offers of employment are subject to verification of the applicant's identity and employment authorization status within 72 hours.)

Yes No Have you ever served in the US Armed Forces? If yes, which branch? _____

Yes No Have you ever been employed by ALTRES or this company? If yes:

_____	_____	_____	_____
Company	Dates (From - To)	Company	Dates (From - To)

Yes No Have you ever been terminated or asked to resign? If yes, explain the circumstances:

_____	_____
Company	Reason

Yes No Do you have any relatives employed by this company? If yes: _____

_____	_____
Relative's Name	Relationship to You

How did you learn about this position/company (e.g. newspaper, radio, internet, friend, etc.)?

Education

	School Name	City/State	Major	GPA	Degree/ Certification Rec'd.
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Trade, Business, or Other	_____	_____	_____	_____	_____

Work Experience

Please list your work history over the last 10 years, starting with your current (or most recent) employer. If you have less than 10 years' experience, please list your history as far back as you have worked. Attach another sheet if necessary.

	1.	2.	3.
Company & Division			
Full Address			
Phone Number	()	()	()
Type of Business			
Title/Position			
Duties/Responsibilities			
Dates of Employment From/To			
Supervisor Name & Title			
Reason for leaving			

	4.	5.	6.
Company & Division			
Full Address			
Phone Number	()	()	()
Type of Business			
Title/Position			
Duties/Responsibilities			
Dates of Employment From/To			
Supervisor Name & Title			
Reason for leaving			

Job Skills & Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

References

List three professional or character references who are not your relatives.

Name	Title	Relationship to You	Phone Number	No. of Years Known
			()	
			()	
			()	

PRE-EMPLOYMENT STATEMENT Please read the following statements and sign in the space provided below. I understand and agree that:

- 1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment or, if employed, termination from employment.
- 2. Any offer of employment I may receive is contingent upon my successful completion of any screening process, including ALTRES and/or the customer receiving references that they consider satisfactory.
- 3. In processing this application, ALTRES and/or the customer may verify the information provided by me, or may procure or have prepared a consumer or investigative consumer report concerning my work history, education, character, reputation, background, and conviction record (if and as permitted by law). I understand that upon written request to ALTRES, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
- 4. I authorize and request that my present and former employers, educational institutions attended, and references furnish information regarding my work history, education, character, reputation, and background. I hereby release ALTRES, the customer, and all providers of information from any and all liability relating to or arising from furnishing the requested information.
- 5. I authorize ALTRES to release any information about me that it may obtain from any source to ALTRES customers or referrals which may be interested in employing me or otherwise engaging my services, and specifically hold ALTRES harmless and release ALTRES from any and all liabilities, damages, or consequences associated with such disclosure.
- 6. After receiving an offer of employment, I may be required by ALTRES and/or the customer to undergo a pre-employment medical examination and/or screening for alcohol and/or drugs, with the offer of employment conditioned on the result of such examination or screening. If employed, I agree to submit to a medical examination (or screening for alcohol and/or drugs) at ALTRES' or the customer's request, consistent with applicable law. I hereby consent to having the results of any pre- or post-employment medical examinations and/or screening for alcohol and/or drugs disclosed to the appropriate ALTRES or customer official.
- 7. If employed, I agree that ALTRES is my employer of record for all workers' compensation matters. In the event of an occupational injury or illness, my exclusive remedy for such injury or illness shall be pursuant to ALTRES' workers' compensation coverage and I shall not seek benefits from any customer to which I am assigned. A delay in reporting the injury or illness to ALTRES may result in a delay in receiving benefits.
- 8. I agree to maintain the confidentiality of any proprietary information of ALTRES and/or the customer, including client lists, personnel information, internal communications, computer programs, price lists, business plans, financial statements, information pertaining to lawsuits or other legal proceedings, training programs, and product development. I agree that the use, communication, duplication and/or distribution of such information for personal benefit or for the benefit of another person, company, or entity other than ALTRES and/or the customer may be grounds for disciplinary action, up to and including dismissal, and may also result in legal action.
- 9. This application is not an implied or express contract of employment and cannot create a contract of employment for any specific period. I understand that if I am offered employment, my employment will be "at will" and can be terminated at any time at the option of ALTRES, the customer, or myself, with or without cause and with or without prior notice or warning.

Signature _____ Print Name _____ Date _____

ARBITRATION POLICY

Because of the delay and expense that results from the use of the federal and state court systems, ALTRES requires, as a term and condition of employment and/or continued employment, that all of its employees agree to submit to binding arbitration any controversies concerning compensation, employment, or termination of employment, rather than to use the court system. If I am offered employment, I expressly and knowingly agree that if any dispute should ever arise between myself and ALTRES, and/or between myself and the ALTRES customer, and/or arising out of any transaction or occurrence at my workplace, concerning any aspect of my employment including, but not limited to, my compensation, the terms and conditions of my employment, harassment and/or discrimination of myself in the workplace and/or connected with work, or termination of my employment, such dispute(s) shall be submitted to binding, mandatory and exclusive arbitration and I shall not attempt to use any court or judicial system to adjudicate such dispute(s).

Signature _____ Print Name _____ Date _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION DISCLOSURE

COMPLETION OF THIS FORM IS VOLUNTARY.

ALTRES provides equal employment opportunity in accordance with all applicable federal and state laws. Applicants and employees are considered for employment opportunities without regard to their membership in any legally protected class, except where the law permits or requires us to do so. All decisions relating to your employment will be made without regard to any legally protected status.

We request the information below to assist us in complying with government recordkeeping, reporting, and other legal obligations. This information is for statistical data only and will not be part of your personnel file. Your response is completely confidential.

For each section below, please check the box beside the **one (1) group** with which you **most closely identify**.

Race/Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

Sex

- Male Female

Veteran/Disability Status (Check all that apply.) *See definitions below.*

- | | |
|--|---|
| <input type="checkbox"/> Armed Forces Service Medal Veteran | <input type="checkbox"/> Recently Separated Veteran (VETS-100A) |
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Special Disabled Veteran |
| <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> Veteran of the Vietnam-era |
| <input type="checkbox"/> Recently Separated Veteran (VETS-100) | |

Name (Optional)

Date

Armed Forces Service Medal Veteran 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 (61 Fed. Reg. 1209)

Disabled Veteran (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran 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.

Recently Separated Veteran (VETS-100) Any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one-year-period beginning on the date of such veteran's discharge or release from active duty.

Recently Separated Veteran (VETS-100A) A 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.

Special Disabled Veteran (i) 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 for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam-era A person who: (i) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Voluntary Self-Identification of Disability

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

Name:
Employee ID:

Date:

(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: