



**BONDED MATERIALS COMPANY**  
A STANDARD OF EXCELLENCE SINCE 1955

**Human Resources**  
91-400 Komohana Street  
Kapolei, Hawaii 96707-1716  
Ph 808-673-2032 / Fax 808-673-2025

### EMPLOYMENT APPLICATION

**INSTRUCTIONS:** Thank you for your interest in employment with Bonded Materials Company (Company). Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. Bomat, Ltd. is an equal opportunity employer. We do not discriminate on the basis of age, race, sex, color, religion, national origin, ancestry, marital or veteran status, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

Name: \_\_\_\_\_  
 Last First Middle Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City, State Zip Telephone Numbers:  
 Residence: \_\_\_\_\_  
 Cellular: \_\_\_\_\_  
 Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Full-Time  Part-Time  Temporary

Compensation Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

If you are under eighteen years old enter your work permit number: \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes  No   
*If hired, you are required to show proof of U.S. citizenship or lawful alien status (other than a student visa) which permits you to work in the United States.*

### EDUCATION

	Name and Address of School	Diploma or Degree Received?
High School		
Undergraduate		
Graduate		
Other (Specify)		

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.

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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**EMPLOYMENT EXPERIENCE**

Fill in the items completely, even if the information may be on a resume you have provided. Please account for your last ten years of employment by answering all questions for each employer.

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?	
May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>		If No, Why?	
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?	
May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>		If No, Why?	
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?	
May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Why?		
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?	
May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Why?		
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?	
May we contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, Why?		
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:	



**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.

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date

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