



Tony Hawaii Automotive Group, Ltd.
94-1299 Ka Uka Boulevard
Waipahu, Hawaii 96797

PRE-EMPLOYMENT SCREENING TEST APPLICANT CONSENT

Thank you for your interest in the Tony Group! Please fill out this application form truthfully and accurately. Any false information may be grounds for denying your application or terminating your employment should you subsequently be hired.

As part of our program to provide a safe and healthy work environment, Tony Group tests applicants for drugs. If the test is confirmed as positive, your application for employment will be rejected. It is important that you disclose the usage of any medication, over-the-counter or prescription, at the drug testing facility. In the case of prescribed medication taken under the direction of a physician, Tony Group may contact the physician to determine whether the use of the medication would interfere with the performance of the job for which you are being considered.

I, _____, have read the above statement and I understand that the employment screening process includes a drug screening test which may disclose drug or alcohol usage. A physical exam may be required after conditional offer of employment depending on the job responsibilities.

I hereby consent to such tests and to the disclosure of the result of these tests to Tony Group for its use and internal communication. I release and discharge Tony Group and any laboratory performing the analysis from any claim or liability arising out of such tests, including but not limited to, the testing procedures, the analysis, or the disclosure of the results to Tony Group and to its associated personnel.

I further understand and consent that if hired, I may be subject to random drug tests. Tony Group has the right to search lockers, desks, personal vehicles, lunch boxes, purses, briefcases, and other personal items.

Signature

Date

Telephone: (808) 680-7190 • Fax: (808) 483-5443 • www.tonygroup.com
Tony Honda • Tony Nissan • Tony Volkswagen • Tony Hyundai Waipio •
Tony Group Collision Center • Autoplex Car Wash • Tony Honda Hilo • Tony Honda Kona

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true, correct, and complete. I understand that any false or misleading statement or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.

- B. I understand that if employed MY EMPLOYMENT WILL BE AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.

- 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. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.

- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information 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 or future employer.

- E. I understand and agree that I may be required to submit to a 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 person 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.

- F. I agree that the Company 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.

- G. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.

- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform the Company of any agreements that would limit my ability to work for the Company.

- I. 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.

Signature of Applicant

Date

Tony Hawaii Automotive Group, Ltd.

94-1299 Ka Uka Boulevard

Waipahu, Hawaii 96797

Phone: (808) 680-7190 • Fax: (808) 483-5443

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: 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 the HR Department know. Tony Group is an equal employment opportunity employer and all qualified applicants will receive consideration without regard to age, race, gender, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest or court record, genetic information, gender identity or expression, domestic or sexual violence victim status, credit history or credit report or any other protected category recognized by state and federal laws except as permitted by law. This employment application is only valid for three months after submission to the Company and only for the desired position. Consideration for employment after expiration or for a different position requires completion and submission of a new application.

PERSONAL INFORMATION

Name: (Last, First, MI)	
Current Address (include Apt Number), City, State, Zip Code:	
Email:	
Primary Phone: ()	Are you authorized to work lawfully in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

Desired Position:		<input type="checkbox"/> Full Time
		<input type="checkbox"/> Part Time
Can you perform the essential functions of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, please explain. (if you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer prior to answering this question)		
When would you be available to begin work?	Salary/Hourly Rate Desired:	
Are you currently employed?	If so, may we inquire with your present employer?	
Are you available to work overtime, including weekends?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your availability to work during the week:		
Monday	<input type="checkbox"/> Not Available <input type="checkbox"/> Available all times or:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening
Tuesday	<input type="checkbox"/> Not Available <input type="checkbox"/> Available all times or:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening
Wednesday	<input type="checkbox"/> Not Available <input type="checkbox"/> Available all times or:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening
Thursday	<input type="checkbox"/> Not Available <input type="checkbox"/> Available all times or:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening
Friday	<input type="checkbox"/> Not Available <input type="checkbox"/> Available all times or:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening
Saturday	<input type="checkbox"/> Not Available <input type="checkbox"/> Available all times or:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening
Sunday	<input type="checkbox"/> Not Available <input type="checkbox"/> Available all times or:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon/Evening
Please indicate if you currently work for another employer or are self-employed and state your schedule for that employment or self-employment:		
Have you ever worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?

REFERRAL

How did you hear about us?

- | | |
|--|---|
| <input type="checkbox"/> Employee _____
<input type="checkbox"/> Friend _____
<input type="checkbox"/> Relative _____
<input type="checkbox"/> Online Service _____ | <input type="checkbox"/> Employment Office <input type="checkbox"/> Walk In
<input type="checkbox"/> College Placement
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Other _____ |
|--|---|

CERTIFICATIONS

Summarize any special skills or training/seminars you attending directly related to your desired position.
Also, explain any periods that you were not working.

JOB SKILLS, QUALIFICATIONS, AND EMPLOYMENT GAPS

Summarize your job skills, training, and/or study that are relevant for the desired position.
Also, explain any periods that you were not working.

EDUCATION

School Level	Name and Location of School	graduate?	Subjects Studied
HIGH SCHOOL			
COLLEGE			
OTHER			

REFERENCES

Please list names of three people who are not related to you,
whom you have known for three years and whom we can contact.

Name	Address	Years Known	Phone

PREVIOUS EMPLOYMENT

Starting with your most current employer, list your past seven years of employment history.
List periods of unemployment if applicable. Use additional paper if necessary.

Name of Employer			
Address		City	State Zip Code
Start Date	Separation Date		Job Title
Name of Supervisor		Supervisor Title	
Phone Number		May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If not, why? ..			
Description of Work			
Reason for Leaving		If you were terminated or asked to resign, please explain:	

Name of Employer			
Address		City	State Zip Code
Start Date	Separation Date		Job Title
Name of Supervisor		Supervisor Title	
Phone Number		May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
if not, why? ..			
Description of Work			
Reason for Leaving		If you were terminated or asked to resign, please explain:	

Name of Employer			
Address		City	State Zip Code
Start Date	Separation Date		Job Title
Name of Supervisor		Supervisor Title	
Phone Number		May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If not, why? ..			
Description of Work			
Reason for Leaving		If you were terminated or asked to resign, please explain:	

IMPORTANT, PLEASE READ AND SIGN

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Tony Group to hire me. If I am hired, I understand that either Tony Group or I can terminate my employment at any time for any reason, With or without cause and without prior notice. I understand that no representative of Tony Group has the authority to make any assurance to the contrary.

I attest with my signature below that I have given Tony Group true and complete information on this application. No requested information has been concealed. I authorize Tony Group to contact references provided for employment reference checks. I understand that concealed material information or giving false or misleading information by me on any part of this application for employment will constitute cause for the immediate disqualification of employment or immediate dismissal.

Signature of Applicant

Date

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.

BACKGROUND CHECK DISCLOSURE & AUTHORIZATION

Organization Name _____ Account _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, motor vehicle records (“driving records”), verification of your education or employment history, drug screening or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Background Information Services, Inc., 1800 30th Street, Suite 204, Boulder, Colorado 80301, 800/433-6010, <http://www.bisi.com>**, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

APPLICANT INFORMATION - (PLEASE PRINT OR TYPE)			
Last Name		First Name	Middle Name
Social Security Number	Date of Birth (mm/dd/yy)	Other Names Used (maiden, married, AKA)	Dates Used
Driver's License Number & Expiration Date		State of Issue	
Email Address	Gender	Phone Number	
ADDRESS HISTORY - PLEASE INCLUDE 7 YEARS OF HISTORY (Use reverse if necessary)			
1 Current Street Address	City	State	Zip Code
Date From (month/year)	Date To (month/year)	County (NOT Country)	
2 Previous Street Address	City	State	Zip Code
Date From (month/year)	Date To (month/year)	County (NOT Country)	
3 Previous Street Address	City	State	Zip Code
Date From (month/year)	Date To (month/year)	County (NOT Country)	

BACKGROUND CHECK DISCLOSURE & AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by _____ (“the Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by Background Information Services, Inc., 1800 30th Street, Suite 204, Boulder, Colorado 80301, 800/433-6010, <http://www.bisi.com> (“the Agency”), another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>State of Washington applicants and employees only:</u> You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.</p>
<p><u>Massachusetts and New Jersey applicants and employees only:</u> You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>
<p><u>New York applicants and employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><u>Minnesota applicants and employees only:</u> You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>Oklahoma applicants and employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>California applicants and employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Are you at least 18 years of age? If not, please have your legal guardian sign this form as well.

Signature: _____ Date: _____

Print Name: _____

Legal Guardian Signature: _____ Date: _____

Legal Guardian Print Name: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

BACKGROUND CHECK DISCLOSURE & AUTHORIZATION

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>I.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>

BACKGROUND CHECK DISCLOSURE & AUTHORIZATION

3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357