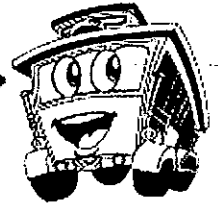




E NOA CORPORATION



E NOA CORPORATION
 OPERATORS OF E NOA 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

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)		Social Security No.	Today's Date		
Address	Street	Apt #.	City	State	Zip Code
Phone No.: (Home): (Cell): (Alternate):	Can you, after employment, submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Note: If offered employment you will be required to submit documentation required by Immigration Reform Control Act.)</small>				

II DESIRED EMPLOYMENT

Desired Position:	Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you can start work:	Salary Desired:
will accept: Full Time: _____ Part Time: _____ Both: _____	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever applied for employment at E Noa Corporation before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please indicate the days you are NOT AVAILABLE to work: Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____	Have you ever worked for E Noa Corporation before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate past dates of employment with E Noa Corporation. From: _____ To: _____		
How were you referred to E Noa ? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk-In <input type="checkbox"/> State Employment Office <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			

III EDUCATION

School Level	Name and location of school	No. of years attended	Did you graduate?	Major
High School				
College				
Other				

Describe any specialized training, apprenticeship, skills and extracurricular activities.	
Describe any honors you have received.	

Can you perform the essential functions of the position for you are applying, with or without reasonable accommodation?

Yes No

You are not required to disclose information about physical or mental limitation that you believe will not interfere with your job performance. However, if you want the Company to consider special arrangements to accommodate a physical or mental impairment, you may suggest the kind of accommodation that you believe would be appropriate for consideration by the Company in the space below. (NOTE: If you have been provided a job description of the position for which you are applying, please review the job description carefully to determine whether you are able to perform the essential job functions, with or without a reasonable accommodation, and make your voluntary disclosure accordingly.)

SPECIAL SKILLS AND QUALIFICATIONS (Summarize special job-related skills and qualifications acquired from employment or other experiences for example: Language skills, Tour experience, Computer skills, etc.)

IV FORMER EMPLOYERS

Name of present or last employer		
Address		
Phone Number	Name of Supervisor	Date of Service From: _____ to: _____
Job Title	Full Time: _____ Part Time: _____	Salary/Wage Starting: _____ Final: _____
Description of work		
Reason (s) for leaving		

IV (cont) Driver applicants provide 10 years of employment history

Name of present or last employer		
Address		
Phone Number	Name of Supervisor	Date of Service From: _____ to: _____
Job Title	Full Time: _____ Part Time: _____	Salary/Wage Starting: _____ Final: _____
Description of work		
Reason (s) for leaving		

Name of present or last employer		
Address		
Phone Number	Name of Supervisor	Date of Service From: _____ to: _____
Job Title	Full Time: _____ Part Time: _____	Salary/Wage Starting: _____ Final: _____
Description of work		
Reason (s) for leaving		

Name of present or last employer		
Address		
Phone Number	Name of Supervisor	Date of Service From: _____ to: _____
Job Title	Full Time: _____ Part Time: _____	Salary/Wage Starting: _____ Final: _____
Description of work		
Reason (s) for leaving		

V REFERENCES

Provide name and telephone number of 3 references who are not related to you and are not previous employers.

1.	_____
2.	_____
3.	_____

VI CERTIFICATION

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 disqualification 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 ANY TIME, 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 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.
6. 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 as conditions of my employment.
7. 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: _____

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**CERTIFICATION OF ALCOHOL AND
DRUG TESTING INFORMATION**

TO BE COMPLETED BY THE APPLICANT OR EMPLOYEE:

I hereby certify that since January 1, 1995 and for the past two years:

- (1) I have never received an alcohol test result with a concentration of 0.04 or greater for alcohol testing conducted pursuant to the requirements of the U. S. Department of Transportation;
- (2) I have never received a positive drug test result for drug testing conducted pursuant to the requirements of the U. S. Department of Transportation; and
- (3) I have never refused to be tested for alcohol or drugs for testing conducted pursuant to the requirements of the U. S. Department of Transportation.

If I have received an alcohol test with a concentration result of 0.04 or greater, received a positive drug test result, or refused to be tested for alcohol or drugs since January 1, 1995 or for the past two years, I certify that I have completed any and all education and/or treatment program(s) recommended by the Substance Abuse Professional, have fulfilled my obligations under the regulations of the Federal Highway Administration regarding drug and alcohol testing, and am eligible to be employed as a driver under any and all requirements of Federal Highway Administration.

I understand that I will waive any right to substance abuse education or treatment and be subject to immediate termination for any falsification or misrepresentation of any information relating to this form and the Company's substance Abuse Policy to the extent permitted by applicable state and federal laws.

Print Name

Signature

Date

DRIVER APPLICANTS ONLY:

This application is required for applicants applying for a position to drive any vehicle rated over 10,000 Gross Vehicle Weight (GVW), or a vehicle requiring a Commercial Drivers License (CDL). The Federal Motor Carrier Safety Regulations require applicants to understand that the information on this application will be used and that prior employers will be contacted for the purpose of investigation as required by Section 383.35, 391.21, and 391.23 of the Federal Motor Carrier Safety Regulations. It is understood that this application for employment constitutes approval by the applicant for an investigation to be made, whereby information may be obtained through personal interviews with third parties as permitted by, and in accordance with paragraph (b) (10) & (11) of Rule 391.23.

Physical History

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety regulations pertaining to the loss of foot, leg, hand, or arm?

YES

NO

Do you have a current DOT Medical Examiner's Certificate?

YES

NO

DOT requires that you are at least 21 years of age. Do you meet this requirement?

YES

NO

Date of last DOT physical examination: _____

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 motor vehicle?

YES

NO

(If you have answered "yes" to either of the above questions, please explain in detail on the back of this sheet.)

DRIVING EXPERIENCE

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

OPERATOR'S LICENSES STILL IN EFFECT

State	License #	Restrictions	Type Code	Date of Expiration

DRIVER APPLICANTS ONLY:

ACCIDENTS DURING THE PAST 3 YEARS

Date	Type of Accident	Injuries	Fatalities
Most Recent			
Next Previous			
Next Previous			
Next Previous			

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

Date	City	Violation	Penalty
Most Recent Violation			
Next Previous			
Next Previous			
Next Previous			

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? _____

EXPERIENCE AND QUALIFICATIONS

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

COMMENTS YOU HAVE

(If you have had your license, or permit revoked or suspended, answered "yes" to any question relating to your physical history or have been denied a motor vehicle license, please explain in detail in this space.)

NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for stronger controls over drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placarding.

The following provisions of this legislation become effective July 1, 1987:

- 1) No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
- 2) A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier and the state, which issued the license to that driver of the conviction within 30 days.
- 3) Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
- 4) The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

PENALTIES – Any violation of the above is punishable by a fine not exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name (print): _____ Social Security Number _____

Driver's Address: _____

License: State: _____ License Identification Number: _____

Please Circle All That Apply:

License Class: 1 2 3 4 A B C Endorsements: P H T N X

I further certify that I have surrendered the following licenses to the state(s) indicated.

License: State: _____ Type/Class/Endorsements: _____ ID No.: _____

Check if applicable:

I further certify that I am required by the state of _____ to maintain a non-resident license.

Type/Class: _____ ID No.: _____

Driver's Signature: _____ Date: _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

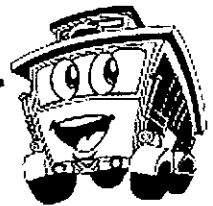
Date

Print Name

Social Security Number



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EMPLOYMENT REFERENCE REQUEST

Release of Information: Permission is granted to release the information requested, which will be used to determine eligibility for employment at E Noa Corporation. **(Applicant complete Section A only.)**

Section A

Your Name:	Signature:	Social Security No.:	Date:
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Section B

Former / Present Employer's Name / Address / Phone No. / Fax No.:

The applicant named above, is being considered for a position at E Noa Corporation. Employment is contingent upon satisfactory references. We would greatly appreciate it if you could furnish the information below. Please add any other information which you feel would help us in our evaluation of this individual. Be assured that any information given on this form will be kept confidential.

1. Dates applicant was employed by you ?		From:	To:		
2. Last position held ?					
3. Eligible for Rehire ? Yes No If NO, explain why?					
4. Why did applicant leave your employment ?					
5. What is your rating of the applicant	Excellent	Good	Average	Marginal	Poor
• Dependability					
• Driving Ability					
• Attendance					
• Cooperation / Ability					
Additional Comments:					
Prepared by:		Title	Date		