

APPLICATION FOR EMPLOYMENT



Date: _____

Position Applying For: _____

Restaurant: _____

GENERAL INFORMATION

Name: _____ Email: _____

Address: _____ Phone #: (C) _____ (H) _____

Are you a minor: _____ Citizen of U.S.: _____ No. of years lived in Hawaii _____

Social Security No.: _____ Driver's License No.: _____ No. of Dependents _____

Person to notify in case of emergency: _____

Address: _____ Telephone No.: _____

Are you presently employed? _____ Date you can start: _____ Salary Desired _____

Please indicate days & times AVAILABLE:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

PREVIOUS EMPLOYMENT (Last 3 Employers)

Name of Employer: _____ Type of Business: _____

Address: _____ Phone #: _____

Name of immediate supervisor: _____ May we contact this person?: _____

Duties: _____

Start Date: _____ Start Wage: _____ End Date: _____ End Wage: _____

Reasons for leaving: _____

Name of Employer: _____ Type of Business: _____

Address: _____ Phone #: _____

Name of immediate supervisor: _____ May we contact this person?: _____

Duties: _____

Start Date: _____ Start Wage: _____ End Date: _____ End Wage: _____

Reasons for leaving: _____

Name of Employer: _____ Type of Business: _____

Address: _____ Phone #: _____

Name of immediate supervisor: _____ May we contact this person?: _____

Duties: _____

Start Date: _____ Start Wage: _____ End Date: _____ End Wage: _____

Reasons for leaving: _____

REFERENCES (Not Relatives):

Name Address Phone Occupation Years Acquainted

EDUCATION

| <u>Name of School</u> | <u>Location</u> | <u>Years Completed</u> | <u>Did you Graduate?</u> | <u>Degrees</u> |
|---------------------------|-----------------|------------------------|--------------------------|----------------|
| Grammar School _____ | | | | |
| High School _____ | | | | |
| College _____ | | | | |
| Other (trade, etc.) _____ | | | | |

MEDICAL INFORMATION

"Do you have any physical conditions or illnesses which may interfere with your duties on the job for which you are applying?
If YES, describe and explain."

MILITARY SERVICE

Branch of service in which you served: _____ From: _____ To: _____ Year Separated: _____
 Type of discharge: _____ Reserve Status: _____ Draft Status: _____
 Serial or service number: _____

OTHER

Have you ever been employed by this Company before? _____ When? _____ What was your position? _____

Do you know anyone presently working for our company? _____ If so, who? _____

*Have you ever been garnished? _____ By whom? _____ What year? _____ How much? _____

*"Have you ever been convicted of a crime which has a substantial relationship to the functions and responsibilities of the position for which you are applying? If YES, explain."

*"Have you ever drawn disability compensation or benefits for a disability which may interfere with your duties on the job for which you are applying? If YES, explain."

* You will not be eliminated from consideration unless such conviction is determined to have a substantial relationship to the functions and responsibilities of the position for which you are applying.

I certify that all statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient grounds for discharge. I also authorize any investigation of the above information for purposes of verification.

Date of Application

Signature of Applicant

INTERVIEWER'S NOTES:

Date of interview: _____ Position for which considered: _____ Decision Reached: _____

Reason for decision: _____ Date employee notified: _____

Hired: _____ For Department: _____ Position: _____ Will Report: _____ Wage: _____

Approved: _____ Remarks: _____