

# 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):

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>	<u>Years Acquainted</u>
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**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: \_\_\_\_\_