



Thank you for considering our company as a future employer! We are always accepting applications and look for outgoing, energetic team players to join our organization. Please fill out this application and either fax it to our corporate office (808)591-9833 or bring it to any of our five locations.

PERSONAL

Name: _____ Social Security#: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip)

How long have you lived at the above address? _____

Email address: _____

Current Phone # _____
Pager/Cell# _____

Position(s) applied for: _____ Rate of pay expected: \$ _____

Referred by: _____ from _____

Would you work: _____ FULL-TIME _____ PART-TIME

Days NOT AVAILABLE (circle): SUN MON TUES WED THURS FRI SAT

Specify Time NOT AVAILABLE: _____

If hired, on what date will you be available to start work? _____

Preferred Location of Employment (check one)				
<input type="checkbox"/> Dixie Grill Aiea	<input type="checkbox"/> Auntie Pasto's Beretania	<input type="checkbox"/> Auntie Pasto's Kunia	<input type="checkbox"/> Auntie Pasto's Maui	<input type="checkbox"/> Tio's Garage & Taco Station

RECORD OF EDUCATION/MILITARY SERVICE

Total # of school years completed _____ (Total elementary through College)

Name of Last High School: _____ Location _____ Date Graduated: _____

University - College Military Branch & Other (Name & Location)	From Mo/Yr	To Mo/Yr	Major Field	Degree	Date Received Mo/Yr

PERSONAL/PROFESSIONAL REFERENCES

List 3 references (other than relatives) who have known you for at least 1 year

NAME	OCCUPATION	PHONE NUMBER (w/area code)

PRIOR WORK HISTORY

(List your last 3 employers, in order, LAST or PRESENT employer first)

Dates		Company Name & Phone #	Rate of Pay		Supervisor & Title	Reason for Leaving
From	To		Start	Finish		
Title & Position(s) Held			Duties & Responsibilities			

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Title & Position(s) Held			Duties & Responsibilities			

May we contact the employers listed above? YES NO

If no, indicated which one(s) you do not wish us to contact? _____

To be considered for employment, you must carefully read the following and sign in the appropriate places. By placing your signature below, you will be indicating that you have read and understand these statements and you have agreed.

I certify that the information provided by me on this application is true and complete to the best of my knowledge. I understand that omissions or deliberate falsifications of this information is grounds for denial of employment or immediate dismissal. I authorize the company to make any investigation of my employment and authorize any former employer, person, firm, corporation, credit agency, or government agency to give the Company 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 information from any liability as a result of furnishing and receiving this information.

“Arbitration of employee rights”

Because of the delay and expense which results from the use of the federal and state court systems and agencies (including the Equal Employment Opportunity Commission and the Hawaii Civil Rights Commission). In any such arbitration, the American Arbitration Association rules shall govern the procedure, and the Federal Arbitration Act shall govern the substance of such controversies.

Signature: _____

I understand that the Company is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment, except as required by applicable federal, state, and local law. This application does not bind either party for a specific period of time regarding employment.

As a condition of employment, I understand that I may be required to submit to a drug screen in accordance with the requirements of any applicable federal, state, and/or local laws.

Signature of Applicant: _____ Date: _____