



SHOKUDO JAPANESE

Shokudo Japanese LLC, a Delaware Limited Liability Company
 Ala Moana Pacific Center, 1585 Kapiolani Boulevard, Suite 100, Honolulu, HI 96814
 Phone: (808) 941-3701 Fax: (808) 947-9486 Website: <http://www.shokudojapanese.com>

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with the Company. You must 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 us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, credit history, arrest and court record, military service or any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)					
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal conviction check.)					
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
PHONE:	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES [NOTE: if offered employment you will be required to submit documentation required by IRCA.] <input type="checkbox"/> NO			
CELL:					
E-MAIL:					

DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	SALARY OR HOURLY WAGE DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU BEEN PROVIDED WITH THE JOB DESCRIPTION OF THE DESIRED POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER _____			
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*NOTE: If hired, you will be required to perform work as required by the Company.

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

FORMER EMPLOYERS

Please account for last ten years of employment by answering all questions for each employer. Use additional paper if necessary.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE (S)
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE (S)
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE (S)
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

REFERENCES

*List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors.
If not applicable, list three personal references who are NOT related to you.*

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

AVAILABILITY

LIST DAYS AND HOURS OF AVAILABILITY

	MON	TUE	WEN	THU	FRI	SAT	SUN
AM							
PM							

JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide valid driver's license number, expiration date and state of issuance. Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury, or disability.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by the state and federal laws.

CERTIFICATION
PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of the Company. I understand that **MY EMPLOYMENT IS 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 General Manager 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 General Manager, and I will not rely upon anything else.
- 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 (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 which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon 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 drug testing and a complete post-offer medical examination as part of my application for employment after it makes a conditional offer of employment to me. Further, if hired, I understand and agree that I may be required to submit to random alcohol and drug testing during the term of my employment. The cost of such tests and examinations will be paid by the Company. 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 persons 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 understand and agree that if offered employment by the Company, I may be required to disclose criminal conviction information in accordance with the law, and that any such offer of employment shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by the Company.
- 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 dependant 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.

Authorization/Signature of applicant: _____

Print Name: _____ Date: _____