

For Office Use Only :

Completed Application: Yes or No
Called:

**Employment Application**

Today's Date:

Position Applying For:

APPLICATION INFORMATION

NAME :

PHONE NUMBER :

ADDRESS :

ALTERNATIVE NUMBER :

CITY:

STATE:

ZIP CODE:

EMAIL:

EDUCATION

Education	Name of School	Address	Years Attended	Degrees
High School				
College				

Others: (training, certificates or licenses held)

EMPLOYMENT RECORDS (STARTING WITH MOST RECENT)

Name & Address of Current or Former Employer	Dates Employed	Positions & Duties	Reason for Leaving:
1. Company Name:	From Mo. / Yr.	Position/Duties	
Phone:	To Mo. / Yr.	Supervisor's Name	
Address:			
2. Company Name:	From Mo. / Yr.	Position/Duties	
Phone:	To Mo. / Yr.	Supervisor's Name	
Address:			
3. Company Name:	From Mo. / Yr.	Position/Duties	
Phone:	To Mo. / Yr.	Supervisor's Name	
Address:			

REFERENCES (NO RELATIVES)

1. Name :	Occupation:	Relationship
Company :	Tel. No.	
2. Name :	Occupation:	
Company :	Tel. No.	
3. Name :	Occupation:	
Company :	Tel. No.	

LIST YOUR AVAILABILITY

Our Store opens as early as 6:45 A.M - 9:00P.M. Please write OPEN if able to work any shift							List Any Upcoming Events
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

MEDICAL INFORMATION

After an offer of employment is made, but before employment duties begin and or any time during the course of their employment, applicants may be required to undergo a physical or medical examination at company expense and by a company-chosen physician, with the offer of employment conditioned on the result of such examination. I authorize the physician conducting the examination and any laboratory test to the company.

Are you able to perform the essential functions of this job with or without reasonable accomodation? Check : Yes or No

Applicant's Initials : _____

OTHER

Do you know anyone presently working for our company? If yes, who? Name: _____ Have you ever worked for Tamura Super Market (Waianae, HI)? Check : Yes or No If yes, when? _____

NOTE

It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work and to complete U.S. Immigration and Naturalization Service's Form I-9)

DISCLAIMER AND SIGNATURE

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education or reputation information for purposes of consideration of any application for employment.

I understand my application will not be considered if it is incomplete.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and I can be terminated at any time, either by myself or the company, with or without cause or reason and with or without notice.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant's E-Signature :

Date :

***Please note: Once you have turned in your completed application, please wait for us to contact you. Thank you.**