

GENERAL INFORMATION

Date Of Application: _____

Applicant's Name:

LAST NAME FIRST NAME MIDDLE NAME

Present Address:

STREET APARTMENT #

CITY STATE ZIP CODE

Permanent Address:

STREET APARTMENT #

CITY STATE ZIP CODE

Email Address: _____

Home Phone #: _____ Mobile Phone #: _____

Emergency Contact: _____ Relationship: _____ Ph# _____

Address:

STREET APARTMENT #

CITY STATE ZIP CODE

Social Security #: _____ Are you at least 18 years of age YES ___ NO ___

Are you legally eligible for employment in this country? YES ___ NO ___

Position(s) Applying For: _____

Date You Can Start: _____ Salary Desired: \$ _____

Have you ever applied with this company before? YES ___ NO ___

If yes, where and when?: _____

Do you know anyone who works for this company YES ___ NO ___

List Name(s): _____ Relationship: _____

Refererral Source: ADVERTISEMENT EMPLOYMENT AGENCY RELATIVE WALK-IN OTHER

PLEASE CHOOSE ONE

Name of Source (If Applicable): _____

EMPLOYMENT HISTORY

List below your employment history starting with the most recent. Please include special assignments, volunteer activities, and military experience. If you are applying for a driver's position, you must submit your employment history for the past ten years.

Name of Employer: _____
Address: _____
Date Employed From: _____ To: _____ Job Title: _____
May we contact your supervisor? YES _____ NO _____ If no, brief reason: _____
Supervisor's Name & Title: _____ Phone # _____
Summary Of The Nature Of Work Performed And Job Responsibilities: _____

Reason(s) For Leaving: _____
Name of Employer: _____
Address: _____
Date Employed From: _____ To: _____ Job Title: _____
May we contact your supervisor? YES _____ NO _____ If no, brief reason: _____
Supervisor's Name & Title: _____ Phone # _____
Summary Of The Nature Of Work Performed And Job Responsibilities: _____

Reason(s) For Leaving: _____
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Address: _____
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Summary Of The Nature Of Work Performed And Job Responsibilities: _____

Reason(s) For Leaving: _____

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CHARACTER REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

Name	Relation	Job Title	Phone #
1)			
2)			
3)			

Describe your best qualities and how you expect to contribute to this company.

Personal Qualities:

Professional
Qualities:

Contributions:

Goals:

Please rate yourself by checking one:

	Excellent	Good	Fair	Deficient
Temperament				
Attitude				
Reliability				
Leadership Potential				
Honesty				
Initiative				
Productivity				

Applicant's Statement of Health:

Date Of Your Last Tuberculosis (TB) Test: _____

Date of Your Last Physical Examination Test: _____

Name & Phone # Of Your Physician: _____

EDUCATION

School Level	Name And Location Of School	# Of Years Attended?	Did You Graduate?	Major Studies
High School				
College/University				
Trade/Business/ Others				

COMPUTER SKILLS

(This section pertains to office position level only. Other positions are also welcome to complete computer skills questionnaires.)

List any computer experience and check the box that best describes your skill level.

	Name of Software	Length of Experience	Excellent	Good	Fair
Spreadsheet					
Word Processor					
Data Base					
Accounting Software					
Other					

HOBBIES/SKILLS

List special accomplishments, publications, awards, or any additional information that you would like us to consider. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

STATEMENT AND COMMENT

Please read the following carefully, and write your answers in the provided space.
Not answering the statement does not disqualify you. Lack of expertise or experience in a specific area can be taught in our program.

List and briefly explain at least three or more reasons or factors which you consider to be the most important in developing an outstanding company.

APPLICANT'S STATEMENT

The answers on this application form are true and complete to the best of my knowledge. Pint Size Hawaii may investigate all statements contained in this application. I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the Company is terminable-at-will so that both the Company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug and/or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities. I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company and all parties against any liability that might result from making such investigation.

SIGNATURE

DATE

PRINT NAME

PINT SIZE Hawaii

Reference Check Claim-Waiver Form

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification Of Accuracy Of Statements Made In Employment Application:

I hereby certify that the information provided in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with The Pint Size Corporation) is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with Pint Size J cy ckk, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release Of Claims Against Providers Of References And/Or Other Employment Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with Pint Size J cy ckk). I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide Pint Size J cy ckk with any information requested that may be relevant and useful to Pint Size J cy ckk in making a hiring decision. **I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.**

Initials _____

C. Contact With Current Employer:

I DO ___/DO NOT ___ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____

Date: _____ Signed: _____

Print Name: _____

PINT SIZE HAWAII

Acknowledgement of Notification of Substance Abuse Testing

Pint Size J cy ck is committed to ensuring that our workplace is safe for our customers and employees. We believe that a safe workplace is essential to provide our customers with the highest standard of service in Hawaii. For this reason, we have drug and/or alcohol testing requirements for all applicants being considered for employment in a safety-sensitive position, as well as random testing for all employees.

I acknowledge notification of Pint Size J cy ck's Substance Abuse Testing and have been permitted to review a copy of Pint Size J cy ck's Substance Abuse Policy prior to testing and or hire.

Applicant Name (Print)

Date

Applicant Signature