

GOLDEN COIN FOOD INDUSTRIES

1833 N. KING ST., 2nd Flr., HONOLULU, HI 96819

Application for Employment

Date:	
Interview by:	Date:
Job/Position you are applying for: (Must be filled in)	

GENERAL INFORMATION:

Name:		Cell Phone No:	
Address:		Home Phone No:	
City:	State:	Zip Code:	Email:

EMPLOYMENT RECORD: STARTING WITH present or MOST RECENT, list all previous employers. Include self-employment, military service, summer and part-time jobs. Please attach additional sheets if necessary, following the same format.

Name & Address of Former Employer		Dates Employed	Position & Duties	Salary	Reason for Leaving
Company Name	Phone	From: Mo./Yr.	Supervisor's Name	Starting	
No. & Street		To: Mo./Yr.		Leaving	
City & State	Zip				
Company Name	Phone	From: Mo./Yr.	Supervisor's Name	Starting	
No. & Street		To: Mo./Yr.		Leaving	
City & State	Zip				
Company Name	Phone	From: Mo./Yr.	Supervisor's Name	Starting	
No. & Street		To: Mo./Yr.		Leaving	
City & State	Zip				

GOLDEN COIN OPERATION HOURS: (SUNDAY - SATURDAY, FROM 3:00 AM - 9:00 PM)

WORK AVAILABILITY: (HOURS YOU ARE ABLE TO WORK)

SUNDAY	FROM (TIME) _____	TO _____
MONDAY	FROM (TIME) _____	TO _____
TUESDAY	FROM (TIME) _____	TO _____
WEDNESDAY	FROM (TIME) _____	TO _____
THURSDAY	FROM (TIME) _____	TO _____
FRIDAY	FROM (TIME) _____	TO _____
SATURDAY	FROM (TIME) _____	TO _____

WHERE DID YOU FIND OUT ABOUT THIS POSITION?

____ FRIENDS/RELATIVES: _____ AD: _____ OTHERS: _____

HAVE YOU EVER APPLIED AT GOLDEN COIN BEFORE? ____ YES, DATE: _____ NO : _____

HAVE YOU EVER BEEN EMPLOYED AT GOLDEN COIN BEFORE? ____ YES, DATE: _____ NO : _____

DO YOU HAVE RELATIVES EMPLOYED BY GOLDEN COIN, PAST AND PRESENT?

____ YES ____ NO IF YES, PLEASE LIST ALL NAMES: _____

WHAT OTHER LANGUAGES DO YOU SPEAK, READ, AND/OR WRITE?

LIST ALL: _____

REFERENCES:

NAME:	OCCUPATION:
ADDRESS:	TELEPHONE NO.:
NAME:	OCCUPATION:
ADDRESS:	TELEPHONE NO.:

EDUCATION:	NAME OF SCHOOL	ADDRESS	No. of Yrs. Attended	DEGREES	Year Completed
Elementary					
Jr. High Intermediate					
High School					
College					
Other (trade) School, etc.					

MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, 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 an examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician.

I authorized the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Applicant's Initials

Are you able to perform the essential functions of this job with or without reasonable accomodation? _____

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 the U.S. Immigration and Naturalization Service's Form I-9.)

I certify that all statements made on this application are true and complete to the best of knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, 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 my application for employment.

Application Date

Applicant's Signature

FOR OFFICE USE ONLY