



## Independent Contractor Application Form

SUSHI DO, LLC. Welcomes and considers applicants for an independent contractor for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or sexual orientation. SUSHI DO, LLC. is an Equal Opportunity Employer.

This is an application, not a contract or an agreement. Please fill out the application completely. Application forms that are incomplete or missing information cannot be processed.

### Personal Information:

Date: \_\_\_\_\_

Legal name: \_\_\_\_\_  
(print name) (First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Servsafe Certified:  Yes  No Servsafe Number: \_\_\_\_\_

Permanent address: \_\_\_\_\_ Apt number: \_\_\_\_\_  
(House number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Citizenship:

US Citizenship status:  US Citizen  Permanent Resident  Work Permit  None of the Above

I have been living in United States since: \_\_\_\_\_

### Education:

I have completed & received diploma from the following:

High School  College or University  Graduate School  Post Graduate School



**List your preference Unit & locations:**

- Sushi Bar only    
  Sushi Bar with ramen & chicken bowls options    
  Sushi Bar with all hot items  
 Corporate Café    
  College or University    
  Hospitals    
  Retail or Grocery    
  Others

Location 1: \_\_\_\_\_  
*(City & State)*

Location 2: \_\_\_\_\_  
*(City & State)*

Location 3: \_\_\_\_\_  
*(City & State)*

**Employment Experience:**

Date From	Date To	Name of Employer	Title	City & State



**Emergency Contact:**

Contact 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact 3:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Name of Friends or Relatives who are employed by or are contractor of SUSHI DO LLC?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**How did you hear about Sushi Do?**

---

---

\*Note: Please attach Identificaiton & Servsafe certificate with this application. You may fax the application at 201 660 7463 or scan and email to us at [info@sushi-do.com](mailto:info@sushi-do.com)! We appreciate your interest in Sushi Do \*



## **Applicant's Statement and Release**

(Please read carefully)

I certify that all the entries in this application forms were made by me and that all the information in this application form is true and complete to the best of my knowledge.

I understand that any false or misleading information or omission may disqualify me from further consideration and may lead to immediate termination when discovered later.

I authorize the investigation of all information, references and employer herein, to give you any and all information concerning my background, current and prior employment and any pertinent information they may have, personal or otherwise and release SUSHI DO, LLC. and sources of information from all liability for any damage that may result from disclosure or use of such information and from any claim that the information is private, false, disparaging, incorrect or incomplete.

SUSHI DO, LLC. has not promised to keep this information confidential. I authorize SUSHI DO, LLC. to provide this Application or any of its contents to the owner or management of any location(s) where it is possible I may operate a sushi bar.

I understand this is an Application, not an agreement. There is no promise to consider this application or to grant me a job.

Name of Applicant: \_\_\_\_\_  
(print)

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_