



AN EQUAL OPPORTUNITY EMPLOYER

INFORMATION

NAME (FIRST, MIDDLE, LAST)				SOCIAL SECURITY NUMBER			
STREET ADDRESS			CITY		STATE		ZIP
HOME NUMBER:		CELL NUMBER:		ARE YOU AT LEAST 16 YEARS OF AGE OR OVER? (Proof of age or work permit may be required) YES NO			
				ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THIS COUNTRY? (If hired, verification will be required by law) YES NO			
POSITION DESIRED (CIRCLE ONE):		WOULD YOU BE WILLING TO RELOCATE IF NECESSARY?		PART-TIME		FULL-TIME	
COOK CASHIER		YES NO		TEMPORARY DATES: _____ to _____			
DATE AVAILABLE TO START WORK:			TOTAL AVAILABLE HOURS PER WEEK:		WAGE DESIRED:		LOCATION YOU ARE APPLYING FOR:
DAYS YOU ARE AVAILABLE TO WORK:	MONDAY YES NO	TUESDAY YES NO	WEDNESDAY YES NO	THURSDAY YES NO	FRIDAY YES NO	SATURDAY YES NO	SUNDAY YES NO
HAVE YOU EVER WORKED FOR A KOA PANCAKE HOUSE BEFORE? YES NO IF YES, WHEN? LOCATION?							

WORK EXPERIENCE

List your previous experience beginning with your most recent position. If additional space is needed, attach a supplemental sheet.

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COMPANY	
ADDRESS (Street, City, State & Zip)	
PHONE NUMBER	POSITION
STARTING PAY	FINAL PAY
DATES EMPLOYED FROM: TO:	
SUPERVISOR	
DUTIES	
REASON FOR LEAVING	

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COMPANY	
ADDRESS (Street, City, State & Zip)	
PHONE NUMBER	POSITION
STARTING PAY	FINAL PAY
DATES EMPLOYED FROM: TO:	
SUPERVISOR	
DUTIES	
REASON FOR LEAVING	

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

YES NO IF YES, PLEASE EXPLAIN

EDUCATION AND TRAINING

SCHOOL	NAME, STREET, CITY, STATE, AND ZIP CODE FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	GRADUATED?	NOW ENROLLED?
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				
WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY?				

FELONY CONVICTION RECORD

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO IF YES, STATE DETAILS AND DATES

EMERGENCY CONTACT

PERSON TO NOTIFY IN CASE OF EMERGENCY : NAME _____ PHONE NUMBER _____ RELATION _____

STREET ADDRESS _____ CITY _____ STATE & ZIP _____

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? YES NO

WHICH BRANCH?

INDICATE ANY SPECIAL JOB RELATED TRAINING RECEIVED

WHY ARE YOU INTERESTED IN WORKING FOR KOA PANCAKE HOUSE, AND WHAT ARE YOUR CAREER OBJECTIVES?

EMPLOYEE REFERRAL EMPLOYEE'S NAME _____

WALK-IN APPLICANT OTHER _____

APPLICANT'S STATEMENT

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT ANY FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE A THOROUGH INVESTIGATION OF MY EMPLOYMENT AND ACTIVITIES, AGREE TO COOPERATE IN SUCH INVESTIGATION, AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING INFORMATION. I FURTHER AUTHORIZE ANY PHYSICIAN OR HOSPITAL TO RELEASE ANY INFORMATION WHICH MAY BE NECESSARY TO DETERMINE MY ABILITY TO PERFORM THE JOB FOR WHICH I AM BEING CONSIDERED OR ANY FUTURE OCCURANCE IN THE EVENT I AM HIRED.

I HEREBY AGREE TO SUBMIT TO ANY LAWFUL DRUG, POLYGRAPH, INTEGRITY, OR SKILLS TESTING THAT MAY BE REQUIRED AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT AND UNDERSTAND THAT UNLESS OTHERWISE PROHIBITED BY LAW, REFUSAL TO SUBMIT TO SUCH TESTING DURING THE COURSE OF MY EMPLOYMENT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL. I FURTHER AGREE TO SUBMIT TO SEARCH OF MY PERSON OR OF ANY LOCKER OR WORK AREA THAT MAY BE ASSIGNED TO ME, AND I HEREBY WAIVE ALL CLAIMS FOR DAMAGES ON ACCOUNT OF SUCH EXAMINATION.

I UNDERSTAND THAT MY EMPLOYMENT IS TERMINABLE-AT-WILL AND THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT FOR CONTINUED EMPLOYMENT.

SIGNATURE _____ DATE _____

FOR OFFICE USE *(to be filled out by employer)*

Interviewer: _____ Interview Date: _____ INTERVIEW
LOCATION: _____

HIRED? • YES • NO

REASON: _____

STARTING DATE: _____ STARTING PAY: _____