



Crepes No Ka 'Oi

Kailua, HI

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Print

GENERAL							
Last Name		First Name			Middle Initial	Date	
Social Security Number							
Street Address:							
City		State		Zip			
Telephone Numbers: Home: _____ Mobile: _____ Email: _____							
Crepes No Ka 'Oi is required to comply with federal and state tax laws. If you are under 18 years of age, you must have a certificate issued by the Hawaii Department of Labor and Industrial Relations.							
Have you ever worked or applied for a job at Crepes No Ka 'Oi? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Can you, upon employment, submit verification of your legal right to work in the United States and documentation verifying your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Why do you want to work for Crepes No Ka 'Oi?							
What will you bring to our team at Crepes No Ka 'Oi?							
Do you know anyone that works at Crepes No Ka 'Oi? If so, who?							
Position Desired:				Date you can start:			
What is the maximum number of hours you are willing to work in a day? In a week?							
Hours Desired:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							
<i>Our work week is Wednesday through Monday. The store is closed on Tuesdays. Store hours vary. Morning shifts usually, but not always, start at 6:30am and evening shifts can go until approximately 10 pm.</i>							

EDUCATION	Name and Address of School	No. of Years	Did you graduate Y/N?	Course / Major
High School				
College				
Other				



Crepes

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EMPLOYMENT			
Start with your present or most recent employment. List all employers for at least the past 10 years; account for any periods that you were NOT working. Use additional pages, if necessary.			
MAY WE CONTACT YOUR PRESENT EMPLOYER?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Company	Address	From	To
Name of Supervisor	Phone Number	Starting Pay	Ending Pay
Job Title / Duties Performed			
Reason for Leaving			
Company	Address	From	To
Name of Supervisor	Phone Number	Starting Pay	Ending Pay
Job Title / Duties Performed			
Reason for Leaving			
Company	Address	From	To
Name of Supervisor	Phone Number	Starting Pay	Ending Pay
Job Title / Duties Performed			
Reason for Leaving			
Company	Address	From	To
Name of Supervisor	Phone Number	Starting Pay	Ending Pay
Job Title / Duties Performed			
Reason for Leaving			

PERSONAL REFERENCES (Not relatives or significant others)		
Name	Relationship	Phone No. ()
Name	Relationship	Phone No. ()
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APPLICANT'S STATEMENT

I certify that all information contained in this application is true and complete to the best of the knowledge. I authorize investigation of the content of this application as part of the process in arriving at an employment decision. I understand that falsification or omission of any information when discovered, may result in dismissal. My relationship with Crepes No Ka 'Oi is for an unspecified term and considered **employment at will**. The relationship can be terminated by me or the company at any time with or without notice or cause. I authorize and understand that my employment will be conditioned on the completion of a satisfactory background check which may include passing a test for illegal drug use.

Signature of Applicant

Date