

EMPLOYMENT APPLICATION Kapalua | Waikoloa | Waikiki | d.k steakhouse

Sansei Seafood Restaurant & Sushi Bar, and d.k Steak House, (hereafter referred to as "the Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, rage, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Personal Data

First Name		Mio	ddle	Last	Last				
Street Addre	ss, City, State, Z	Zip Code							
Telephone N	umber								
Do you have	a: Certificate	of Employme	nt / Certificate o	of Age?					
Have you ev	er been convicte	d of a crime?	□Yes / □No						
If yes, please	e explain:								
College or	low were you referred to the restaurant? Please check the box near the most appropr								
Position I	Preferences								
For what position are you applying?									
Rate desired: \$ per (specify hour or year)									
Schedule des	sired: 🗌 Full Tim	e 🗌 Part Tim	e # of Hours p	er Week					
Could you we	ork overtime?	Yes / 🗌 No							
What date co	ould you start we	ork?							

Education

High School School Name:						
City and State:		_	Degree	or # of Years C	Completed:	
College School Name:						
City and State:		_	Degree	or # of Years C	Completed:	
Previous Employment						
List your current or most recent volunteer work.	emplo	yment fir	rst. Inc	lude work relate	ed relationships, military	r, and
Current Employer:						
City and State:	Telephone Nun	nber:				
Supervisor's Name & Title:						
Position Title:						
Reason for Leaving:						
Salary:	per	Hour		Week	Month	Year
Dates of Employment: From May we contact your Employer?	Yes	s / 🗌 No	То		-	
Previous Employer:						
City and State:			-	Telephone Nun	nber:	
Supervisor's Name & Title:						
Position Title:						
Reason for Leaving:						
Salary:	per	Hour		Week	Month	□Year
Dates of Employment: From May we contact your Employer?	Yes	s / 🗌 No	То		-	
Previous Employer:						
City and State:			-	Telephone Nun	nber:	
Supervisor's Name & Title:						
Position Title:						
Reason for Leaving:						
Salary:	per	Hour		Week	Month	Year
Dates of Employment: From May we contact your Employer?			То		_	

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences, as well as claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from the Company and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at the Company is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by the Company has no specific term and may be terminated by the employee or Company with or without notice. I acknowledge that the Company has not made any promises or representations that differ from those contained in this paragraph.

I understand that I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the Company, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to the Company. I agree to release and hold harmless the Company from all liability with aspect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the Company may be terminated.

Applicant's Signature

Date