



MARUKAI CORPORATION

APPLICATION FOR EMPLOYMENT

www.marukaihawaii.com
hr@marukaihawaii.com

Thank you for your interest in our Company. You must properly complete ALL portions of this employment application to be considered for employment at Marukai Corporation. If you require accommodations during the employment application process, including assistance in the completion of this employment application, please let us know. This Company is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, or other protected categories in accordance with state and federal laws. This employment application is valid for 90 days after submission to the Company and only for the position applied.

Please print, if additional space is required, attach sheet.

PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS STREET APT# TELEPHONE NO. / OTHER PHONE NO.

CITY STATE ZIPCODE EMAIL ADDRESS

SOCIAL SECURITY NO. ____ / ____ / ____

Are you a U.S Citizen or are you legally authorized to work in the U.S.?

- YES If you are offered employment, you will be required to submit documentation
- NO as require by the 1986 Immigration Reform and Control Act

Position for which you are applying _____

- Full-Time
- Part -Time
- Desired Salary/Wage _____

This Company is prohibited from permitting any person less than 18 years of age to sell or serve liquor. If hired for any position which involves the selling of liquor, can you provide proof that you are of age to legally sell liquor as required by law?

- YES
- NO

Do you have friends or relatives working for the Company?

- YES
- NO if yes, who _____

Have you previously applied for a job with this Company?

- YES
- NO if yes, when and where _____

Have you previously worked for this Company?

- YES
- NO if yes, when _____

How were you referred to the Company?

Administrative Use: (check location application is received)

Store #1 Store #2 Store #3 Store #7 Office Other _____

SCHEDULE AVAILABILITY

Most of the positions available require working flexible days/hours. Please indicate your availability by days and hours.

	FLEXIBLE ANYTIME	SPECIFIC DAYS AND TIMES OF AVAILABILITY
SUNDAY	<input type="checkbox"/>	TO
MONDAY	<input type="checkbox"/>	TO
TUESDAY	<input type="checkbox"/>	TO
WEDNESDAY	<input type="checkbox"/>	TO
THURSDAY	<input type="checkbox"/>	TO
FRIDAY	<input type="checkbox"/>	TO
SATURDAY	<input type="checkbox"/>	TO

If hired, on what date can you begin work? _____

EDUCATION

	Elementary/Middle School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				

CLERICAL SKILLS

Knowledge of only <input type="checkbox"/>	Hands on working experience <input type="checkbox"/>	Typing _____ W.P.M.	Knowledge of only <input type="checkbox"/>	Hands on working experience <input type="checkbox"/>	Proofreading
<input type="checkbox"/>	<input type="checkbox"/>	Calculating Machine 10-key touch?__	<input type="checkbox"/>	<input type="checkbox"/>	Internet usage
<input type="checkbox"/>	<input type="checkbox"/>	Computer- What type?_____	<input type="checkbox"/>	<input type="checkbox"/>	Switchboard, how many lines_____

REFERENCES

Provide names of 3 persons not related to you, and have known for at least 1 year.

Name	Phone #'s	Relation	How long have you known this person?

CONTINUE ON NEXT PAGE

EMPLOYMENT HISTORY

List the most recent employer first. Please list all employers and account for any period that you were **NOT** working. (Failure to disclose all information and /or falsification will invalidate this employment application and lead to termination of employment) if additional space is needed, attach sheet.

Employer		Starting Date of Employment	Work Performed
Street Address City State		Ending Date of Employment	
Telephone no(s)		Starting Rate of Pay	
Your Job Title	Supervisor Name	Ending Rate of Pay	
Reason for leaving		May we contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Starting Date of Employment	Work Performed
Street Address City State		Ending Date of Employment	
Telephone no(s)		Starting Rate of Pay	
Your Job Title	Supervisor Name	Ending Rate of Pay	
Reason for leaving		May we contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Starting Date of Employment	Work Performed
Street Address City State		Ending Date of Employment	
Telephone no(s)		Starting Rate of Pay	
Your Job Title	Supervisor Name	Ending Rate of Pay	
Reason for leaving		May we contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Starting Date of Employment	Work Performed
Street Address City State		Ending Date of Employment	
Telephone no(s)		Starting Rate of Pay	
Your Job Title	Supervisor Name	Ending Rate of Pay	
Reason for leaving		May we contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO	

CONTINUE ON NEXT PAGE

SPECIAL SKILLS / QUALIFICATIONS / TRAINING

Summarize special job related skills and qualifications acquired from employment or other special training and experience.

CERTIFICATION

Please read carefully before signing

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.

If employed at Marukai Corporation I agree to conform to the guidelines and policies of the Company, and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON.**

I understand and agree that only the Executive Vice President of the company has any authority to enter in to any agreement to employ me for any specified period of time or to modify terms and conditions of my employment and such an agreement must be in writing and signed by the Executive Vice President.

I consent to and authorize the Company to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Company with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the company's review of this applicant, I release the Company and all providers of any information from any liability as a result of furnishing and receiving this information.

I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination, as part of my application for employment. I also understand and agree that I may be required to submit a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory testing to the Company in accordance with state and federal laws. The Company will keep such results confidential and disclose the result solely to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or releases as required by the Company to investigate my employment application.

I understand and agree that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living. I hereby consent to and authorize that such a report be made which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by Marukai Corporation.

By signing below, I acknowledge that I have read the above statements and authorize the Company to take actions toward my consideration of employment with Marukai Corporation.

Signature of Applicant

Date