



Employment Application

PERSONAL INFORMATION

First Name	MI	Last Name	Social Security No.
Address			
City		State	Zip
Daytime Phone Number	Evening Telephone Number	Age	
How did you hear about Parrothead Island Broiler?			

DESIRED EMPLOYMENT

Desired Position	Full Time Part Time	Desired Wage	Date you can start					
Availability	From	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	To							

EMPLOYMENT HISTORY Three most recent jobs

Are you currently employed? Yes No	If so, may we inquire of your current employer? Yes No		
Company Name & Address:	Phone:	From:	To:
Wage/Salary _____ per hour per year	Position:	Reason for leaving:	
Company Name & Address:	Phone:	From:	To:
Wage/Salary _____ per hour per year	Position:	Reason for leaving:	
Company Name & Address:	Phone:	From:	To:
Wage/Salary _____ per hour per year	Position:	Reason for leaving:	

EDUCATION

	School Name, City, State	From	To	Diploma or Degree Rcvd
High School				
College				
Other				

OTHER INFORMATION

If hired, can you show proof of your legal right to work in the U.S.?	Yes	No	
Have been employed by Parrothead Island Broiler before?	Yes	No	If yes, when/where?
Have you ever been convicted of a felony?	Yes	No	If yes, please explain:
Do you have reliable transportation?	Yes	No	

REFERENCES List three personal references we may contact. Do not list family

Name	Relationship (School, Work, or Personal)	How long have you known this person?	Telephone

ABOUT YOU

Why do you want to work at Parrothead Island Broiler?

DISCLAIMER & SIGNATURE Please read, sign and date below.

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. My answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any liability for damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Applicant's Signature _____ Date _____



Mahalo Nui Loa!