



# AGNES' PORTUGUESE BAKE SHOP

A deMello & Sorli Enterprise Company

46 Ho'olai St. – Kailua, HI 96734

P.O.Box 2171 – Honolulu, HI 96805

(808) 262-5307

## APPLICATION FOR EMPLOYMENT

Thank you for your interest in our company. You must properly complete ALL portions of this employment application to be considered for employment at the Company. If you require accommodation 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, military service or other protected categories in accordance with state and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the position applied.

APPLICATION DATE	
POSITION APPLYING FOR	
SALARY/WAGE DESIRED	

NAME			
FIRST	INITIAL	LAST	SOCIAL SECURITY NUMBER
ADDRESS			
STREET ADDRESS			TELEPHONE NUMBER
CITY, STATE, ZIP			
CITY	STATE	ZIP CODE	PAGER /CELLULAR
EMAIL ADDRESS			

### OFFICE USE ONLY

DEPT	
SHIFT	
POSITION	
FT/PT	
ROH	
DOH	
EMP INO	
CARD NO	
START DATE	

**EMPLOYMENT HISTORY:** Start with your present or most recent job then list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.*

NAME & ADDRESS OF FORMER EMPLOYER	DATES EMPLOYED		POSITION & DUTIES	WAGES		REASON FOR LEAVING
	FROM	TO		STARTING \$	LEAVING \$	
			SUPERVISOR & PHONE NUMBER			

NAME & ADDRESS OF FORMER EMPLOYER	DATES EMPLOYED		POSITION & DUTIES	WAGES		REASON FOR LEAVING
	FROM	TO		STARTING \$	LEAVING \$	
			SUPERVISOR & PHONE NUMBER			

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	FROM	TO		STARTING \$	LEAVING \$	
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	FROM	TO		STARTING \$	LEAVING \$	
			SUPERVISOR & PHONE NUMBER			

**REFERENCES:** (Not relatives)

NAME	OCCUPATION
ADDRESS	TELEPHONE NUMBER

NAME	OCCUPATION
ADDRESS	TELEPHONE NUMBER

**EDUCATION:**

	NAME OF SCHOOL	ADDRESS OF SCHOOL	NO OF YEARS ATTENDED	DEGREES
ELEMENTARY				
JR HIGH				
INTERMEDIATE				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

**SPECIAL SKILLS:**

LIST ANY SPECIAL SKILLS, TALENTS, CERTIFICATES OF ACHIEVEMENT OR ADDITIONAL TRAINING THAT YOU FEEL HELP QUALIFY YOU FOR THIS POSITION:

**MEDICAL INFORMATION:**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

\_\_\_\_\_  
Applicant's Initials

Are you able to perform the essential functions of this job with or without reasonable accommodation? \_\_\_\_\_

**OTHER**

Do you know anyone presently working for our company? If so, who? \_\_\_\_\_

**SPECIAL CONDITIONS:**

1. It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9).
2. It is required by the State of Hawaii Department of Health that all workers in the food industry hold a current Tuberculosis Clearance. (As a condition of employment, you will be required to produce the original Tuberculosis Clearance Certificate).
3. For applicants under the age of 18, the State of Hawaii Department of Labor requires a special work permit. (As a condition of employment, you will be required to produce the original State of Hawaii Work Permit).
4. For applicants applying for positions requiring use of Company vehicles are required to hold a current valid State of Hawaii Drivers License and a point-free Drivers Abstract. (As a condition of employment you will be required to produce the original State of Hawaii Drivers License and Drivers Abstract).

I certify that all statements made on this application are true and complete to the best of my knowledge, understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize and investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

In consideration of my employment, I agree to conform to the policies of the Company and subsidiaries. I further understand that my employment is terminable at will, having no specific duration, and that this is not an employment contract and cannot create a contract. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

\_\_\_\_\_  
APPLICATION DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**INDICATE DAYS AND HOURS YOU ARE AVAILABLE TO WORK**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY