



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Foodland Super Market, Ltd.'s policy is to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, religion, sexual orientation, national origin, ancestry, sex, age, disability, marital status, arrest and court record, veteran status, or any other protected category recognized by state and federal laws, to the extent required by law.

(Please Print Legibly)

POSITION OR TYPE OF WORK YOU ARE APPLYING FOR: _____ DATE: _____

WHAT IS YOUR PREFERRED LOCATION? OAHU MAUI BIG ISLAND KAUAI CORPORATE OFFICE

WHAT IS YOUR PREFERRED STORE LOCATION? _____

ARE YOU INTERESTED IN: FULL TIME PART TIME OR CASUAL (HOURS NOT GUARANTEED)

DATE AVAILABLE FOR WORK: _____

ARE YOU AVAILABLE FOR WORK ANY DAY AND HOURS THROUGHOUT THE WEEK? YES NO IF NO, PLEASE LIST AVAILABILITY:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

PERSONAL INFORMATION

FULL NAME: LAST: _____ FIRST: _____ M.I.: _____

ADDRESS: _____ PHONE (HOME): _____ PHONE (OTHER): _____

CITY: _____ STATE: _____ ZIP CODE: _____

MINOR'S CERTIFICATE TO WORK NO. : (IF UNDER 18 YEARS OF AGE)

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? YES NO

IF YES, WHEN, WHERE AND JOB TITLE? _____

DOES ANYONE PRESENTLY WORKING FOR OUR COMPANY KNOW YOU? YES NO

IF YES, WHOM AND RELATIONSHIP? _____

ARE YOU RELATED TO ANY PERSON WHO HAS AN OWNERSHIP INTEREST IN, OR A MANAGEMENT POSITION WITH ANY COMPANY WHICH COMPETES WITH THIS COMPANY? YES NO IF YES, WHOM? _____ RELATIONSHIP: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

ADDRESS: _____ PHONE: (HOME) _____ (BUSINESS) _____

PREVIOUS EMPLOYMENT
LIST BELOW LAST 3 EMPLOYERS STARTING WITH THE MOST RECENT

1. NAME OF EMPLOYER: _____ POSITION: _____ PHONE: _____

ADDRESS: _____ NAME OF IMMEDIATE SUPERVISOR: _____

REASONS FOR LEAVING: _____ DATE STARTED: _____ DATE LEFT: _____

2. NAME OF EMPLOYER: _____ POSITION: _____ PHONE: _____

ADDRESS: _____ NAME OF IMMEDIATE SUPERVISOR: _____

REASONS FOR LEAVING: _____ DATE STARTED: _____ DATE LEFT: _____

3. NAME OF EMPLOYER: _____ POSITION: _____ PHONE: _____

ADDRESS: _____ NAME OF IMMEDIATE SUPERVISOR: _____

REASONS FOR LEAVING: _____ DATE STARTED: _____ DATE LEFT: _____

PREVIOUS EMPLOYMENT (CONTINUED)

HAVE YOU EVER BEEN FIRED FROM A JOB: YES NO

IF YES, PLEASE EXPLAIN: _____

WERE YOU GIVEN THE OPPORTUNITY TO RESIGN RATHER THAN BE FIRED? YES NO

EDUCATION

	NAME OF SCHOOL	ADDRESS	CIRCLE HIGHEST GRADE/LEVEL COMPLETED				MAJOR
			9	10	11	12	
HIGH SCHOOL							
COLLEGE			1	2	3	4	
GRADUATE SCHOOL			1	2	3	4	
OTHER			1	2	3	4	

REFERENCES WHOM YOU HAVE KNOWN AT LEAST 1 YEAR (NOT RELATIVES OR FORMER EMPLOYERS)

NAME	ADDRESS	PHONE NUMBER

OTHER

WHERE DID YOU LEARN OF THIS OPPORTUNITY? (PLEASE CHECK ALL THAT APPLY)

NEWSPAPER WALK IN EMPLOYEE REFERRAL JOB FAIR EMPLOYMENT AGENCY OTHER (PLEASE LIST)

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? [NOTE: IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO SUBMIT DOCUMENTATION REQUIRED BY IRCA.] YES NO

LIST SKILLS, EXPERIENCE OR OTHER QUALIFICATIONS WHICH YOU HAVE FOR THE JOB YOU WANT: _____

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING

I understand, certify, and agree as follows:

- 1) All statements made by me or in this application are completely true and accurate. I further understand and agree that any false statements, misrepresentation or omission of facts(s) in this application or other required or submitted supporting documents (such as resume, letters of reference, diploma or educational transcripts) shall be considered sufficient cause for denial of employment or discharge from employment, regardless of when such misrepresentation or omission is discovered.
- 2) I hereby authorize Foodland Super Market, Ltd. to make a thorough investigation into my background and to communicate with any of my prior employers, educational institutions, references, or other organizations to ascertain any pertinent facts or opinions regarding my prior employment, educational or general background. I further authorize any and all of my prior employers to release to Foodland Super Market, Ltd. any and all facts, opinions, or documents, regarding my prior employment. I release from all liability all persons or companies supplying such information, I further indemnify Foodland Super Market, Ltd. against any liability which might result in making such investigation into my background.
- 3) I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Foodland Super Market, Ltd. and myself. No promises or guarantees regarding employment or continuing employment have been made to me, and I understand that no promise or guarantee is binding upon Foodland Super Market, Ltd. unless made in writing by the President or Executive Vice President. If an employment relationship is established, I understand that my employment is an "at will" basis, and may be terminated at any time by me or Foodland Super Market, Ltd. with or without cause, and with or without notice, without liability of any kind to Foodland Super Market, Ltd. or myself. I also agree that if hired, I may be subject to various employment policies and house rules as set forth in the Employment Handbook. I understand and agree that the provisions of any such handbook are merely guidelines and not intended to be contractual. I also agree that such provisions may be changed at any time, with or without notice, in the complete discretion of Foodland Super Market, Ltd.
- 4) I agree to all of the consents, authorizations and releases which I have made in this documents shall be irrevocable during the period of my employment should I be hired by Foodland Super Market, Ltd.

By my signature below, I certify I have read this document completely and understand it fully or have obtained all necessary explanations from Foodland Super Market, Ltd. before signing this acknowledgement.

APPLICATION DATE _____ APPLICANT'S SIGNATURE _____

OFFICE USE ONLY

DATE STARTED WORK: _____ STORE NO.: _____ POSITION: _____

NO. OF HOURS PER WEEK: _____ FULL TIME _____ PART TIME _____ CASUAL _____

STARTING RATE OF PAY: _____ DATE OF BIRTH: _____