



Application for Employment

www.honolulucookie.com

hr@honolulucookie.com

Thank you for your interest in joining The Honolulu Cookie Company team. In order for us to make the best possible determination of your qualifications for the position you are applying for, all portions of this application pertaining to you must be completed. If you require assistance during the employment application process, do not hesitate to ask. The Honolulu Cookie 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, veteran/military status, citizenship, disability, arrest and court record, sexual orientation, or any other protected category recognized by state and federal laws. This employment application is valid for 90 days after submission to the Company.

PLEASE PRINT LEGIBLY

Date of Application: _____

Personal Information							
Last Name:		First Name:			Middle Initial:		
Address:				City:	State:	Zip Code:	
Home Phone:		Cell Phone:		Email Address:			
Social Security #:							
Are you eligible to be lawfully employed in the U.S.?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously been employed by The Honolulu Cookie Company?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Have you previously applied for a job at this Company?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Do have friends or relatives working for the Company?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?			
Job Information							
For what position are you applying?							
Employment desired? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual / Seasonal				Desired Wage/Salary: \$			
Date you are available to work:							
Are you available for work ANY day and evening hours throughout the week?				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list availability below:			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
Referral Source: <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair <input type="checkbox"/> Employee <input type="checkbox"/> Other, explain:							
If referred by a Honolulu Cookie Company employee, please provide us with their name:							
Education Information							
High School Name:				City/State/Zip Code:			
Diploma/GED:				If you did not graduate, last grade completed:			
College Name:				City/State/Zip Code:			
Major:				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Degree(s) Achieved:				Do you intend to go back to school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other schools attended (for example, business or trade school, etc.):							

Employment History (List previous employment starting with the most recent)

Name of Employer:		Phone Number(s):	
Address:		City/State/Zip Code:	
Date Started:	Date Ended:	Starting Rate of Pay: \$	Ending Rate of Pay: \$
Job Title:		Immediate Supervisor's Name:	
Duties/Responsibilities:			
Reason for leaving:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Address:		City/State/Zip Code:	
Date Started:	Date Ended:	Starting Rate of Pay: \$	Ending Rate of Pay: \$
Job Title:		Immediate Supervisor's Name:	
Duties/Responsibilities:			
Reason for leaving:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Address:		City/State/Zip Code:	
Date Started:	Date Ended:	Starting Rate of Pay: \$	Ending Rate of Pay: \$
Job Title:		Immediate Supervisor's Name:	
Duties/Responsibilities:			
Reason for leaving:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

References

Give the names of three persons you are not related to, whom you have known at least one year and whom we can contact.

Name:	Relationship:
Address:	Phone Number:
Name:	Relationship:
Address:	Phone Number:
Name:	Relationship:
Address:	Phone Number:

Disclaimer and Signature

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to disqualification from further consideration or for dismissal from employment. I hereby authorize Honolulu Cookie Company (hereafter known as "the Company" to investigate my work history, education, character, reputation, and background as deemed necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

This application is not a contract of employment and cannot create a contract of employment. If employed by Honolulu Cookie Company, 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 with or without notice.

By signing below, I acknowledge that I have read and understood the above statements and authorize the Company to take actions toward considering my application for employment.

Signature:	Date:
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