



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



MARUKAI HAWAII CO. LTD.



FUJIOKA'S
WINE
T'SUPERMARKETS

SHIMA'S
SUPERMARKET

For Office Use Only. Please leave this area blank.

Location: _____

Position: _____

Interview Date: _____

Interviewer: _____

Pan Pacific Retail Management (Hawaii) Corporation (PPRM Hawaii) is an equal opportunity employer with a policy of hiring and promoting on the basis of qualifications, proven ability, and level of contribution without regard to race, color, creed, ethnicity, sex, gender (including gender nonconformity and status as a transgender or transsexual individual), religion, marital status, age, national origin or ancestry, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, medical condition (including cancer and genetic characteristics), sexual orientation, gender identification or any other protected class, characteristic, or consideration made unlawful under applicable federal, state, or local laws. We will consider for employment qualified applicants with criminal histories in a manner consistent with applicable federal, state, or local laws.

I. APPLICANT INFORMATION

Last Name	First	Middle Initial	SSN <small>You will be required to submit a social security number if an offer of employment is made to you.</small>
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Present Address	Street	City	State	Zip Code
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Primary Phone Number ()	Other Phone Number ()	E-Mail Address
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Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify any other names you have used.	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you of legal age to sell/dispense alcohol beverages without supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	If less than 18 years of age, do you have or are you able to obtain a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about us? <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Employee: _____ <input type="checkbox"/> Other: _____
If required for the position, do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any names of individuals you know working for this company _____

II. EMPLOYMENT INFORMATION

Position you are applying for:	Wage/Salary Desired \$	Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Other _____
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Have you ever applied for employment with the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please provide the dates and locations:
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Have you ever been employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please provide the following Job Title _____ Date _____ Location _____ Supervisor _____
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Date Available to Start Work	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work flexible hours, including weekends and major holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Days and Hours Available to Work							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From: AM / PM	From: AM / PM	From: AM / PM	From: AM / PM	From: AM / PM	From: AM / PM	From: AM / PM	
To: AM / PM	To: AM / PM	To: AM / PM	To: AM / PM	To: AM / PM	To: AM / PM	To: AM / PM	

II. EDUCATION INFORMATION							
School Level	Name and City/State of School			Course of Study	Circle Last Grade Completed 1 2 3 4	Did you graduate? <input type="checkbox"/> Y <input type="checkbox"/> N	Degree or Diploma
High School					1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University					1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other Certification/ Relevant Training					1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. OTHER SKILLS, LICENSE & CERTIFICATIONS

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at the company? If so, please explain.

V. LANGUAGE

Foreign Languages (indicate proficiency to speak, read and write if directly job related)

1. _____ Speak Read Write 2. _____ Speak Read Write 3. _____ Speak Read Write

VI. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

List below all present and past employment starting with your most recent employer. Complete this section and/or attach resume.

1	Company Name		Phone	Manager's Name and Title		
	Street Address		City	State	Zip	
	From (mm/yy)	To (mm/yy)	Position Title Start	Position Title End		
	Duties					
	Reason for leaving:			May we contact this current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Company Name		Phone	Manager's Name and Title		
	Street Address		City	State	Zip	
	From (mm/yy)	To (mm/yy)	Position Title Start	Position Title End		
	Duties					
	Reason for leaving:					
3	Company Name		Phone	Manager's Name and Title		
	Street Address		City	State	Zip	
	From (mm/yy)	To (mm/yy)	Position Title Start	Position Title End		
	Duties					
	Reason for leaving:					

VII. PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

<p>Truthful Application. I certify that all the information provided in this application is true and that I have not knowingly withheld any facts that might affect the Company's decision to employ me. I am aware that any misrepresentation or omission on this application shall be sufficient cause for rejection of this application or for immediate termination of employment if I am employed, regardless of the time elapsed before discovery.</p> <p>Consent to Employment Verification. I hereby authorize PPRM Hawaii to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the PPRM Hawaii any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the PPRM Hawaii, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure.</p> <p>New Hire Orientation Period. I understand all new employees are on a 90-day new hire introductory period, after which suitability for regular employment will be decided by the Company.</p> <p>Employment-at-will Relationship. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without cause and with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's President or equivalent position.</p> <p>Proof of Legal Right to Work in U.S. I understand that if I am hired, I will be required to provide proof of identity and proof that I may legally work within the U.S.</p> <p>Background Checking. I understand the PPRM Hawaii may perform a background check on all applicants who receive employment offers. All checks that are performed by a third-party will be completed at the expense of the Company. I hereby certify that the entries made on this employment application are true and correct. I agree to submit to a post-offer pre-employment substance and/or alcohol examination.</p> <p style="text-align: center;">PLEASE READ THE ABOVE STATEMENTS AND SIGN BELOW TO INDICATE YOUR AGREEMENT</p> <p>Signature of Applicant: _____ Date: _____</p>
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