



APPLY IN PERSON, MON. - FRI. 8 AM - 5 PM OR CALL FOR AN APPOINTMENT AT 973-0880

EMPLOYMENT OFFICE 1765 South King Street • Honolulu, Hawaii 96826 • 808-973-0880

SATELLITE EMPLOYMENT OFFICE • 94-1068 KA UKA BLVD. • WAIPAHU HI 96797 • THURSDAYS, 8 AM - 5 PM

DATE OF APPLICATION _____

REFERRED BY _____

EMPLOYMENT APPLICATION (Please Print)

THE FOLLOWING INFORMATION IS REQUESTED IN ORDER TO HELP US MAKE THE BEST POSSIBLE PLACEMENT WITHIN THIS COMPANY. ALL PORTIONS OF THIS APPLICATION PERTAINING TO YOU MUST BE COMPLETED. WE APPRECIATE THE TIME YOU SPEND COMPLETING THIS APPLICATION. HOWEVER, PLEASE BE AWARE THAT THE COMPLETION OF THIS APPLICATION IN NO WAY GUARANTEES YOU A POSITION WITH THE COMPANY. THE COMPANY, IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, ARREST AND COURT RECORD, SEXUAL ORIENTATION, OR OTHER GROUNDS PROTECTED UNDER STATE OR FEDERAL LAW, EXCEPT WHERE A BONA FIDE OCCUPATIONAL QUALIFICATION EXISTS. THE COMPANY WILL NOT REFUSE TO HIRE A MORE QUALIFIED DISABLED APPLICANT WHO IS CAPABLE OF PERFORMING ALL OF THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION. APPLICANTS REQUIRING ACCOMMODATION IN THE INTERVIEW PROCESS SHOULD CONTACT THE HUMAN RESOURCES DEPARTMENT.

PERSONAL DATA

LAST NAME _____ FIRST _____ MIDDLE _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ HOW LONG AT PRESENT ADDRESS? _____ YRS. _____ MOS.

ARE YOU ELIGIBLE TO BE LAWFULLY EMPLOYED IN THE U.S.? (PERMANENT U.S. RESIDENT OR CITIZEN; OR HAVING VISA PERMITTING U.S. EMPLOYMENT?) YES NO

DO YOU MEET THE MINIMUM AGE REQUIREMENT TO WORK? YES NO (IF A MINOR, A WORK PERMIT IS REQUIRED UPON HIRE)

IF A MINOR, LIST THE NAME OF A PARENT OR GUARDIAN _____

IN CASE OF EMERGENCY, NOTIFY (LIST 2 NAMES NOT RESIDING AT ABOVE ADDRESS)

1. NAME _____ ADDRESS _____ PHONE _____

2. NAME _____ ADDRESS _____ PHONE _____

JOB INFORMATION

FOR WHAT POSITION ARE YOU APPLYING? _____ OTHER POSITIONS YOU WOULD CONSIDER? _____

ARE YOU INTERESTED IN PART-TIME FULL-TIME TEMPORARY NUMBER OF HOURS DESIRED PER/WK _____ MIN. _____ MAX.

WHAT SALARY OR WAGE WOULD YOU CONSIDER? \$ _____

HAVE YOU EVER BEEN EMPLOYED BY FCH ENTERPRISES YES NO IF YES, LIST DATES OF EMPLOYMENT, AND LOCATION AND POSITION HELD _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY FCH ENTERPRISES YES NO IF YES, GIVE NAME AND LOCATION _____

AVAILABILITY

PLEASE CHECK ALL THE LOCATIONS THAT YOU ARE AVAILABLE TO WORK: DATE YOU ARE AVAILABLE TO START WORK _____

WAIHAWA MILLLANI WAIPIO KAPOLEI BEACH WAIPAHU CITY WAIJAU WAIMALU PEARLRIDGE KALIHI DILLINGHAM NIMITZ VINEYARD MOANA MAKIKI McCULLY KAPAHULU KAIMUKI KAHALA MARINA KAILUA KANEHOE WM HENRY MAUI

WHICH OF THE FOLLOWING SHIFTS ARE YOU AVAILABLE TO WORK? (Check more than one if it applies)

DAY SHIFT (BETWEEN 6 am - 6 pm) SWING SHIFT (BETWEEN 3 pm - 11 pm) LONG SWING SHIFT (BETWEEN 6 pm - 4 am) GRAVEYARD SHIFT (BETWEEN 10 pm - 7 am)

BRIEFLY EXPLAIN THE TIMES AND REASONS YOU ARE UNABLE TO WORK ON THE FOLLOWING DAYS:

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____
SUNDAY _____

WILL TRANSPORTATION TO/FROM WORK BE ANY PROBLEM? YES NO MEANS OF TRANSPORTATION _____

FOR OFFICE USE ONLY

FAX MGR COPY REPORTED INPUTTED CASHIER PROFIT SHARING CODE DATE REHIRE? YES NO
EMPLOYEE NO. POSITION SHIFT DOB AGE
DATE EMPLOYED STATUS FT PT OC MC#
UNIT CODE / SEX TB DATE
RATE

EMPLOYMENT HISTORY

(LIST PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT)

1 NAME OF PRESENT OR LAST EMPLOYER _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
NAME OF SUPERVISOR _____ EMPLOYED FROM _____ TO _____
POSITION FIRST HELD _____ DUTIES _____

POSITION LAST HELD _____ DUTIES _____

BEGINNING RATE OF PAY _____ FINAL RATE OF PAY _____ HOURS WORKED PER WEEK _____
REASON FOR LEAVING _____

2 NAME OF PRESENT OR LAST EMPLOYER _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
NAME OF SUPERVISOR _____ EMPLOYED FROM _____ TO _____
POSITION FIRST HELD _____ DUTIES _____

POSITION LAST HELD _____ DUTIES _____

BEGINNING RATE OF PAY _____ FINAL RATE OF PAY _____ HOURS WORKED PER WEEK _____
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BEGINNING RATE OF PAY _____ FINAL RATE OF PAY _____ HOURS WORKED PER WEEK _____
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ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
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POSITION FIRST HELD _____ DUTIES _____

POSITION LAST HELD _____ DUTIES _____

BEGINNING RATE OF PAY _____ FINAL RATE OF PAY _____ HOURS WORKED PER WEEK _____
REASON FOR LEAVING _____

5 NAME OF PRESENT OR LAST EMPLOYER _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
NAME OF SUPERVISOR _____ EMPLOYED FROM _____ TO _____
POSITION FIRST HELD _____ DUTIES _____

POSITION LAST HELD _____ DUTIES _____

BEGINNING RATE OF PAY _____ FINAL RATE OF PAY _____ HOURS WORKED PER WEEK _____
REASON FOR LEAVING _____

HAVE YOU HAD MORE JOBS IN THE LAST FIVE YEARS THAT ARE NOT LISTED ABOVE? YES NO

IF YES, PLEASE LIST _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE? YES NO

EDUCATION

HIGH SCHOOL NAME _____ CITY _____ STATE _____ ZIP CODE _____
LAST GRADE COMPLETED: 9 10 11 12 IF DID NOT GRADUATE, REASON _____
COLLEGE NAME _____ CITY _____ STATE _____ ZIP CODE _____
MAJOR _____ DID YOU GRADUATE? YES NO NO. OF YEARS COMPLETED 1 2 3 4 5 OR MORE
DEGREE (S) ACHIEVED _____ DO YOU INTEND TO RETURN TO SCHOOL? YES NO
SPECIAL COURSES (BUS., TRADE SCHOOL) _____ ADDRESS _____
LIST YOUR ACTIVITIES OR CLUBS (SCHOOL / COMMUNITY). YOU MAY OMIT THOSE ASSOCIATED WITH AGE, SEX, RACE, RELIGION OR NATIONAL ORIGIN.

LIST YOUR HOBBIES AND RECREATIONAL INTERESTS. YOU MAY OMIT THOSE ASSOCIATED WITH AGE, SEX, RACE, RELIGION OR NATIONAL ORIGIN.

PHYSICAL INFORMATION

YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION ABOUT PHYSICAL OR MENTAL LIMITATIONS THAT YOU BELIEVE WILL NOT INTERFERE WITH YOUR JOB PERFORMANCE. HOWEVER, IF YOU WANT THE COMPANY TO CONSIDER SPECIAL ARRANGEMENTS TO ACCOMMODATE A PHYSICAL OR MENTAL IMPAIRMENT, YOU MAY SUGGEST THE KIND OF ACCOMMODATION THAT YOU BELIEVE WOULD BE APPROPRIATE FOR CONSIDERATION BY THE COMPANY IN THE SPACE BELOW.

CONDITIONAL OFFER

EMPLOYMENT BY FCH ENTERPRISES MAY BE CONDITIONAL UPON A CHECK OF YOUR CONVICTION RECORD FOR THE PAST TEN YEARS, EXCLUDING CERTAIN FAMILY COURT MATTERS BUT INCLUDING YOUR DRIVING RECORD. IF FCH ENTERPRISES CONCLUDES THAT A CONVICTION WITHIN THE LAST TEN YEARS BEARS A RATIONAL RELATIONSHIP TO THE POSITION YOU HAVE APPLIED FOR, IT RESERVES THE RIGHT TO WITHDRAW YOUR OFFER OF EMPLOYMENT. IF YOU ARE MADE A CONDITIONAL OFFER OF EMPLOYMENT, YOUR EMPLOYMENT WILL NOT BE DEEMED COMMENCED UNTIL THE APPROPRIATE INQUIRIES OF YOUR CONVICTION RECORDS HAVE BEEN MADE AND ANSWERED.

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.

1. NAME _____	RELATIONSHIP _____
ADDRESS _____	PHONE () _____ — _____ EXT _____
2. NAME _____	RELATIONSHIP _____
ADDRESS _____	PHONE () _____ — _____ EXT _____
3. NAME _____	RELATIONSHIP _____
ADDRESS _____	PHONE () _____ — _____ EXT _____

WRITE BRIEFLY WHY YOU WANT TO WORK FOR FCH ENTERPRISES

PLEASE READ AND ATTEST TO THE FOLLOWING STATEMENT:

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTAND THAT ANY FALSE INFORMATION, MISLEADING STATEMENTS OR THE OMISSION OF ANY PERTINENT INFORMATION, INCLUDING THAT GIVEN AT THE TIME OF MY PHYSICAL EXAMINATION, WHENEVER DISCOVERED, MAY BE CONSIDERED AS SUFFICIENT REASON FOR GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION OR FOR DISMISSAL FROM EMPLOYMENT. I HEREBY WAIVE AND RELEASE TO FCH ENTERPRISES ANY PRIVILEGE WHICH I MAY NOW OR HEREAFTER HAVE WITH RESPECT TO MEDICAL INFORMATION DISCLOSED BY EXAMINATION BY, INVESTIGATION OF, OR COMMUNICATION TO PHYSICIANS EMPLOYED BY FCH ENTERPRISES.

I HEREBY AUTHORIZE FCH ENTERPRISES TO INVESTIGATE MY RECORD WITH FORMER EMPLOYERS, PERSONAL REFERENCES AND CREDITORS TO OBTAIN A CONSUMER REPORT AS DEFINED UNDER SECTION 603 (D) OF THE FAIR CREDIT REPORTING ACT; ALSO, I RELEASE THE COMPANY AND ALL INFORMANTS FROM ALL LIABILITY WHATSOEVER RESULTING FROM SUCH AN INVESTIGATION. I UNDERSTAND THAT SHOULD EMPLOYMENT BE DENIED ON THE BASIS OF INFORMATION CONTAINED IN A CONSUMER REPORT OBTAINED FROM A CONSUMER REPORTING AGENCY, THE COMPANY WILL SUPPLY THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY MAKING THE CONSUMER REPORT.

IF I AM OFFERED EMPLOYMENT PRIOR TO COMPLETION OF A CHECK OF MY PREVIOUS EMPLOYMENT REFERENCES BY FCH ENTERPRISES I UNDERSTAND AND AGREE THAT MY CONTINUED EMPLOYMENT IS SUBJECT TO A SATISFACTORY VERIFICATION OF MY PRIOR EMPLOYMENT REFERENCES. I ALSO UNDERSTAND AND AGREE THAT IF HIRED BY FCH ENTERPRISES, MY EMPLOYMENT MAY BE TERMINATED BY ME AT ANY TIME WITH OR WITHOUT CAUSE, AND LIKEWISE, BY FCH ENTERPRISES AT ANYTIME WITH OR WITHOUT CAUSE AND THAT THESE RIGHTS MAY NOT BE MODIFIED OR CHANGED BY ANY PERSON, WHETHER ORALLY OR IN WRITING, EXCEPT THE PRESIDENT OR VICE PRESIDENT OF FCH ENTERPRISES BY WRITTEN AGREEMENT WITH ME.

TERMS AND CONDITIONS OF EMPLOYMENT IF HIRED

FCH ENTERPRISES IS AN EQUAL OPPORTUNITY EMPLOYER. IT SELECTS THE INDIVIDUAL BEST MATCHED FOR A PARTICULAR JOB BASED UPON JOB-RELATEDNESS QUALIFICATIONS, REGARDLESS OF RACE, COLOR, ANCESTRY / NATIONAL ORIGIN, AGE, SEX, SEXUAL ORIENTATION, RELIGION, MARITAL STATUS, DISABILITY OR OTHER ATTRIBUTES PROTECTED UNDER STATE AND FEDERAL EQUAL OPPORTUNITY LAWS.

I UNDERSTAND AND AGREE THAT:

1. ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSIONS OF A FACT IN MY APPLICATION WHENEVER DISCOVERED BY FCH ENTERPRISES SHALL BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, IMMEDIATE TERMINATION FROM EMPLOYMENT.

2. IT IS MY UNDERSTANDING AND AGREEMENT THAT FCH ENTERPRISES MAY MAKE A THOROUGH INVESTIGATION OF MY PERSONAL OR EMPLOYMENT HISTORY AND VERIFY ALL DATA GIVEN IN MY APPLICATION FOR EMPLOYMENT, RELATED PAPERS, OR ORAL INTERVIEWS. I AUTHORIZE SUCH INVESTIGATION AND THE GIVING AND RECEIVING OF ANY INFORMATION REQUESTED BY FCH ENTERPRISES. I FURTHER RELEASE, HOLD HARMLESS, AND INDEMNIFY FROM LIABILITY FCH ENTERPRISES AND ANY OTHER PERSON OR ENTITY GIVING, REQUESTING, OR RECEIVING ANY SUCH INFORMATION OR EXPRESSING ANY OPINION WHETHER POSITIVE OR NEGATIVE ON MY ABILITY OR SUITABILITY FOR EMPLOYMENT WITH FCH ENTERPRISES. I ALSO AUTHORIZE ANY PHYSICIAN OR HOSPITAL TO RELEASE ANY INFORMATION WHICH MAY BE NECESSARY TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF THE JOB I AM BEING CONSIDERED FOR PRIOR TO EMPLOYMENT OR IN THE FUTURE DURING MY EMPLOYMENT WITH FCH ENTERPRISES. I UNDERSTAND THAT FALSIFICATION OF DATA SO GIVEN OR OTHER DEROGATORY INFORMATION DISCOVERED AS A RESULT OF THIS INVESTIGATION MAY PREVENT MY BEING HIRED, OR IF HIRED, MAY SUBJECT ME TO IMMEDIATE DISMISSAL.

3. IF REQUESTED BY A MANAGEMENT REPRESENTATIVE OF FCH ENTERPRISES AT ANY TIME, I AGREE TO SUBMIT TO SEARCH OF MY PERSON OR OF ANY LOCKER THAT MAY BE ASSIGNED TO ME, OR ANY PERSONAL PROPERTY POSSESSED BY ME ON PREMISES OWNED OR MANAGED BY FCH ENTERPRISES, AND I HEREBY WAIVE ALL CLAIMS FOR DAMAGES ON ACCOUNT OF SUCH EXAMINATION.

4. IF EMPLOYED BY FCH ENTERPRISES, 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. I AGREE THAT I MAY QUIT OR FCH ENTERPRISES MAY TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME WITHOUT LIABILITY OF ANY KIND. FCH ENTERPRISES SOLE OBLIGATION SHALL BE TO PAY ME FOR ANY WAGES OR BENEFITS AS MAY HAVE BEEN EARNED AND VESTED AS OF THE DATE OF SUCH TERMINATION.

5. ALTHOUGH FCH ENTERPRISES MAKES EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCE, I UNDERSTAND AND AGREE THAT BUSINESS NEEDS MAY AT TIMES MAKE THE FOLLOWING CONDITIONS MANDATORY: OVERTIME, SHIFT WORK, A ROTATING SCHEDULE OR A WORK SCHEDULE OTHER THAN MONDAY THROUGH FRIDAY.

I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT, NOT A PROMISE OR GUARANTEE THAT EMPLOYMENT IS CURRENTLY AVAILABLE OR BEING OFFERED TO ME. NEVERTHELESS, I UNDERSTAND THAT IF I AM EMPLOYED, SUCH EMPLOYMENT WILL BE ON THE TERMS STATED ABOVE IN THIS APPLICATION AND THAT ANY EMPLOYMENT OFFERED WILL NOT BE FOR ANY DEFINITE PERIOD OF TIME. I FURTHER UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, FCH ENTERPRISES CAN CHANGE WAGES, BENEFITS AND CONDITIONS OF EMPLOYMENT AT ANY TIME PROVIDED THAT NO CHANGE WILL AFFECT ANY WAGES I HAVE ALREADY EARNED OR BENEFITS TO WHICH I HAVE ALREADY VESTED AND THAT NO PERSON OTHER THAN THE PRESIDENT OR A VICE PRESIDENT OF FCH ENTERPRISES SHALL HAVE THE AUTHORITY TO CHANGE ANY OF THE TERMS AND CONDITIONS OF MY EMPLOYMENT INCLUDING THOSE STATED ABOVE AND THEN IF DONE IN WRITING.

I HAVE READ AND UNDERSTOOD THE ABOVE.

SIGNATURE OF APPLICANT

DATE