



Dear Applicant,

Thank you for your interest in MW Restaurant. You will find our four page application attached to this letter. Please complete all blank fields thoroughly, and to the best of your ability.

To submit via email, please follow the instructions below.

Sincerely,

MW RESTAURANT

Instructions:

- Save the pdf file to your computer
- Open the pdf file with Adobe Reader
- Fill out the form as completely as possible
- Upon completion, save the file using the "Save As" function. Rename the file, and re-save as a pdf document.
- Email your completed pdf application form, and any other information you would like to include (i.e. resume, salary history, etc.) to, info@mwrestaurant.com.

Submit your application by mail:

- MW Restaurant
1538 Kapiolani Boulevard, Suite 107
Honolulu, Hawaii 96814
Attn: Human Resources



EMPLOYMENT APPLICATION FORM

DATE: _____ Referred by: _____ Date Available: _____

CONTACT INFORMATION

Name _____
First Middle Last

Present Address _____
Street City State Zip Code

Phone Number (home) _____ (cell) _____

Email Address _____

Are you over the age of 18? YES NO

Do you have the legal right to be employed in the United States? YES NO

(Note: You will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Services Form I-9 as a condition of employment)

JOB INFORMATION

Position Desired (1) _____ (2) _____ Salary Desired: _____

You are interested in: ___ Full Time ___ Part Time ___ Casual ___ Temporary

List hours of availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you ever been employed by MW Restaurant? ___ Yes ___ No

If yes, date of employment: _____

Do you have any friends or relatives employed by MW Restaurant? ___ Yes ___ No

If yes, provide name: _____

EDUCATIONAL BACKGROUND

	Name and Location of School	# of Years Attended	Graduate?	Degree Awarded
High School			___ Yes ___ No	
College or Vocational			___ Yes ___ No	
Other			___ Yes ___ No	

EMPLOYMENT HISTORY

Please list your work experience for the past 10 years beginning with your most recent.

Company Name _____ Dates Employed: _____

Address: _____ Phone #: _____

Nature of Business: _____ Position Held: _____

Duties/Responsibilities: _____

Name of Supervisor: _____ Reason for Leaving: _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Company Name _____ Dates Employed: _____

Address: _____ Phone #: _____

Nature of Business: _____ Position Held: _____

Duties/Responsibilities: _____

Name of Supervisor: _____ Reason for Leaving: _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Company Name _____ Dates Employed: _____

Address: _____ Phone #: _____

Nature of Business: _____ Position Held: _____

Duties/Responsibilities: _____

Name of Supervisor: _____ Reason for Leaving: _____

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Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Company Name _____ Dates Employed: _____

Address: _____ Phone #: _____

Nature of Business: _____ Position Held: _____

Duties/Responsibilities: _____

Name of Supervisor: _____ Reason for Leaving: _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Which of these jobs did you like best? Why? _____

If now employed, why do you wish to resign? _____

Have you ever been discharged or have been requested to resign? ___ Yes ___ No

If yes, explain: _____

Please explain any period of unemployment longer than 90 days: _____

MISCELLANEOUS

MILITARY

Have you ever served in the armed forces? ___ Yes ___ No If yes, what branch? _____

Dates of service (from) _____ (to) _____ Rank at discharge _____

Special training: _____

MEDICAL

Can you perform the essential functions of the position you are applying for, with or without reasonable accommodation? ___ Yes ___ No

TUBERCULOSIS TEST (TB)

As part of employment with MW Restaurant, you will be required to provide an approved test result for tuberculosis for eligible employment.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

MW Restaurant is an Equal Opportunity Employer and does not discriminate on the basis of age, ancestry, race, religion, color, sex, national origin, citizenship, marital status, disability, arrest and court record, sexual orientation or other grounds protected under local, state, and federal laws, except where a bona fide occupational qualification exists.

REFERENCES

Please list professional and personal references aside from family members.

Name: _____ Relationship: _____

Company Name & Location: _____

Phone #: _____ Email: _____

Name: _____ Relationship: _____

Company Name & Location: _____

Phone #: _____ Email: _____

Name: _____ Relationship: _____

Company Name & Location: _____

Phone #: _____ Email: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- By my signature below, I promise that the information provided in this employment application (and accompanying resume or documentation) is true and complete, and that any false or misleading information or omissions may disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date.

- I authorize the Company and its Agent to fully investigate my personal and employment history and authorize all of the employers (person, firm or corporation), personal references, school, government agency and any other entity to provide the Company with any information, including fact or opinion that they may have regarding me. I release the Company and all providers of any information from liability as the result of furnishing and receiving this information. I understand and agree that if offered employment, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by MW Restaurant.

- I authorize the Company to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.

- I understand that this application does not create a contract of employment, and that, if hired, I am obligated to comply with any and all current and subsequently adopted Company policies.

- I understand that the Company has the right to modify, amend, or terminate policies, benefit plans, and other Company programs within the limits and requirements imposed by law.

- I understand that if hired, I will be required to abide by all rules and Company policies. I also understand that my employment at MW Restaurant is at-will and may be discontinued by either the Company or myself at any time, with or without cause, for any or no reason. The President of the Company has sole authority to change the at-will policy and/or create an employment contract.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS

Date: _____ Signature: _____

This application will be kept active for 90 days.