



**324 CORAL STREET**  
Honolulu, HI 96813

p. 808-532-HANK (4265)  
f. 808-532-4266

# **HANK'S HAUTE DOGS**

## **EMPLOYMENT APPLICATION**

Dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, or handicap.

\_\_\_\_\_  
DATE

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PERMANENT ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
EMAIL ADDRESS

### **EMPLOYMENT DESIRED**

\_\_\_\_\_  
POSITION DESIRED

\_\_\_\_\_  
SALARY DESIRED

\_\_\_\_\_  
DATE YOU CAN START

**Are you currently employed? Y / N**      **If so, may we contact your employer? Y / N**

**Have you ever applied here before? Y / N**

\_\_\_\_\_  
WHEN?

\_\_\_\_\_  
DID WE HIRE YOU?

\_\_\_\_\_  
DATE OF LEAVE



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## EMPLOYMENT APPLICATION

### EDUCATION

GRAMMAR SCHOOL (NAME & LOCATION) LAST YEAR COMPLETED

**Y / N**

DID YOU GRADUATE?

SUBJECT STUDIED/DEGREE(S) RECEIVED

**1 2 3 4**

LAST YEAR COMPLETED

HIGH SCHOOL (NAME & LOCATION)

**Y / N**

DID YOU GRADUATE?

SUBJECT STUDIED/DEGREE(S) RECEIVED

**1 2 3 4**

LAST YEAR COMPLETED

COLLEGE (NAME & LOCATION)

**Y / N**

DID YOU GRADUATE?

SUBJECT STUDIED/DEGREE(S) RECEIVED

**1 2 3 4**

LAST YEAR COMPLETED

TRADE, BUSINESS, CORRESPONDENCE (NAME & LOCATION)

**Y / N**

DID YOU GRADUATE?

SUBJECT STUDIED/DEGREE(S) RECEIVED

SUBJECTS OF SPECIAL STUDY OR RESEARCH

### PREVIOUS EMPLOYMENT

NAME OF EMPLOYER

DATES OF EMPLOYMENT (M/Y - M/Y)

ADDRESS

POSITION

SALARY

NAME OF EMPLOYER

DATES OF EMPLOYMENT (M/Y - M/Y)

ADDRESS

POSITION

SALARY



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## EMPLOYMENT APPLICATION

### PREVIOUS EMPLOYMENT (CONT.)

_____	_____
NAME OF EMPLOYER	DATES OF EMPLOYMENT (M/Y - M/Y)
_____	
ADDRESS	
_____	
_____	_____
POSITION	SALARY

### REFERENCES

Give below the names of three persons, not related to you, whom you have known at least 1 year.

_____	_____
NAME	RELATIONSHIP
_____	
ADDRESS	
_____	
_____	_____
PHONE NUMBER	YEARS KNOWN

_____	_____
NAME	RELATIONSHIP
_____	
ADDRESS	
_____	
_____	_____
PHONE NUMBER	YEARS KNOWN

_____	_____
NAME	RELATIONSHIP
_____	
ADDRESS	
_____	
_____	_____
PHONE NUMBER	YEARS KNOWN



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### **PHYSICAL RECORD**

This question is voluntary, and any answer is kept confidential.

**Do you have any physical condition which may limit your ability to perform the job for which you are applying?**

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### **EMERGENCY CONTACT**

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NAME	RELATIONSHIP
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ADDRESS

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PHONE NUMBER

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated without any previous notice.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

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DATE

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SIGNATURE OF APPLICANT