



# APPLICATION FOR EMPLOYMENT



Thank you for your interest in employment opportunities with the Don Quijote Group! Please complete ALL portions of this employment application to be considered for employment at either **Marukai Corporation, Don Quijote (USA), or Oriental Seafood, Inc.** (individually and collectively, "The Company"). If you require accommodations during the employment application process, including assistance in the completion of this employment application, please let us know. The 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, disability, arrest and court record, sexual orientation, or any other protected categories in accordance with state and federal laws. This employment application is valid for 90 days after submission to the Company and only for the position applied. Consideration for employment after this three month period requires completion and submission of a new application. **Please print all information, legibly. If additional space is required, please attach additional sheet(s).**

## PERSONAL INFORMATION

NAME (LAST NAME FIRST):					
ADDRESS:	STREET	APT. NO.	CITY	STATE	ZIP
TELEPHONE NO. / OTHER PHONE NO.					
EMAIL ADDRESS (OPTIONAL):					

Upon hire, you will be required to present proof of age, authorization to work, and your social security number. Can you, upon employment, present verification of your legal right to work in the United States?

Yes       No      *Note: If you are offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act*

Desired Position \*\* \_\_\_\_\_ Other position you will consider: \_\_\_\_\_

Full-Time    Part-Time    Temporary      Desired Salary/Wage: \_\_\_\_\_

Have you previously applied for a job with any of The Companies?    Yes    No    If yes, When? \_\_\_\_\_

Have you previously worked for any of The Companies?         Yes    No    If yes, When? \_\_\_\_\_

List names of friends or relatives working for The Companies? \_\_\_\_\_

How were you referred to The Company? \_\_\_\_\_

If hired, on what date can you begin work? \_\_\_\_\_

*\*\*If hired, you will be required to perform work as required by The Company.*

## EMPLOYMENT LOCATION PREFERENCE

Please Indicate the Store / Location that you are applying to work at: (You may select one or more location)

- Dillingham Store    Ward Store       Dillingham Office  
 Kaheka Store      Pearl City Store    Waipahu Store     Kaheka Office

## REFERENCES

List names & phone numbers of 3 references that have known you for at least 1 year. Please do NOT list relatives or previous supervisors.

Name	Title	Relationship to You	Phone Number

**CONTINUE ON NEXT PAGE**

## EMPLOYMENT HISTORY

**List the most recent employer first.** Please account for the last ten years of employment by answering all questions for each employer. If you were terminated or asked to resign, please explain. If we may not contact your current or previous supervisor(s), please briefly explain why. Also, please explain any periods that you were not working during the past 10 years, other than due to personal illness, injury, or disability.

Current / Most Recent Employer		Employer's Phone No.	Start Date of Employment	Work Performed / Job Responsibilities	
Address	City	State	Zip Code		Date Last Worked
Job Title(s):			Starting Rate of Pay		
Supervisor Name & Title	May we contact your Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO		Ending Rate of Pay		
Reason(s) for leaving					

Current / Most Recent Employer		Employer's Phone No.	Start Date of Employment	Work Performed / Job Responsibilities	
Address	City	State	Zip Code		Date Last Worked
Job Title(s):			Starting Rate of Pay		
Supervisor Name & Title	May we contact your Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO		Ending Rate of Pay		
Reason(s) for leaving					

Current / Most Recent Employer		Employer's Phone No.	Start Date of Employment	Work Performed / Job Responsibilities	
Address	City	State	Zip Code		Date Last Worked
Job Title(s):			Starting Rate of Pay		
Supervisor Name & Title	May we contact your Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO		Ending Rate of Pay		
Reason(s) for leaving					

Current / Most Recent Employer		Employer's Phone No.	Start Date of Employment	Work Performed / Job Responsibilities	
Address	City	State	Zip Code		Date Last Worked
Job Title(s):			Starting Rate of Pay		
Supervisor Name & Title	May we contact your Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO		Ending Rate of Pay		
Reason(s) for leaving					

If additional space is required to list more employers, please attach additional sheet(s).

**CONTINUE ON NEXT PAGE**

## EDUCATION

	High School	Undergraduate College/University	Graduate/Professional
School Name/Location			
Diploma / Degree			
Course of Study			

## SKILLS, LICENSE & CERTIFICATIONS

List any special training, skills, licenses and/or certificates that may assist you in performing the position applying for.


Knowledge Only <input type="checkbox"/>	Proficient / Certification <input type="checkbox"/>	Typing _____ W.P.M.	Knowledge Only <input type="checkbox"/>	Proficient / Certification <input type="checkbox"/>	Forklift / Pallet Jack
<input type="checkbox"/>	<input type="checkbox"/>	Calculating Machine 10-key touch? _____	<input type="checkbox"/>	<input type="checkbox"/>	First Aid / CPR
<input type="checkbox"/>	<input type="checkbox"/>	Computer: Type? _____ What programs? _____	<input type="checkbox"/>	<input type="checkbox"/>	Language Ability What language: _____

## SCHEDULE AVAILABILITY

Availability: Positions available may require working flexible days/hours. Please indicate your availability by days and hours.

DAYS	FLEXIBLE ANYTIME	SPECIFY DAYS AND TIMES OF AVAILABILITY
SUNDAY	<input type="checkbox"/>	TO
MONDAY	<input type="checkbox"/>	TO
TUESDAY	<input type="checkbox"/>	TO
WEDNESDAY	<input type="checkbox"/>	TO
THURSDAY	<input type="checkbox"/>	TO
FRIDAY	<input type="checkbox"/>	TO
SATURDAY	<input type="checkbox"/>	TO

## CERTIFICATION - Please Read Carefully before signing

**Please read carefully before signing**

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.

If employed at Marukai Corporation, Don Quijote (USA) Co., Ltd. and/or Oriental Seafood, Inc. (The 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 BY MYSELF OR THE COMPANY.**

I understand and agree: (1) only the President of The Company has any authority to enter in to any agreement to employ me for any specified period of time or to modify the at-will terms and conditions of my employment; (2) any such agreement must be in writing and signed by the President; and (3) I will not rely upon any other representations regarding the modification of the at-will terms and conditions of employment, regardless of the source.

**CONTINUE ON NEXT PAGE**

