

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 Qujote (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 INFORM	ATION				
NAME (LAST NAME FIRST):					
ADDRESS:	STREET	APT. NO.	CITY	STATE	ZIP
TELEPHONE NO. / OTHER P	HONE NO.				
EMAIL ADDRESS (OPTIONAL):					
Upon hire, you will be requ Can you, upon employmen					r.
Yes	☐ No No	te: If you are offered emplo as required by the 1986	pyment, you will be require 6 Immigration Reform and		ntation
Desired Position **		Other position	you will consider:		
☐ Full-Time ☐	Part-Time	Temporary Desi	red Salary/Wage:		
Have you previously applie	ed for a job with any of	The Companies?	Yes No If yes	When?	
Have you previously work	ed for any of The Comp	panies?	Yes □No If yes,	When?	
List names of friends or re	latives 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 LOC	ATION PREFEREN	ICE			
Please Indicate the Store	Location that you are	applying to work at: (Y	ou may select one o	r more location)	
☐ Dillingham Store □	☐ Ward Store ☐	Dillingham Office			
☐ Kaheka Store 〔	☐ Pearl City Store ☐	Waipahu Store	Kaheka Office		
REFERENCES					
List names & phone numbers	s of 3 references that have	e known you for at least 1	year. Please do NOT	ist relatives or pre	vious supervisors.
Nam		Title	Relationship		Phone Number
	·				

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 <u>not</u> 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 Su	pervisor: NO	Ending Rate of Pay	1
Reason(s) for leaving		1			
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 Su	pervisor: NO	Ending Rate of Pay	-
Reason(s) for leaving					
				10: 15: 15:	
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 Su	pervisor:	Ending Rate of Pay	
Reason(s) for leaving				<u> </u>	
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 Su	pervisor:	Ending Rate of Pay	
Reason(s) for leaving		•		•	

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

EDUCATION					
	High School	Undergraduate College/University	Graduate/Professional		
School Name/Location					
Diploma / Degree					
Course of Study					
SKILLS. LICENSE & CERTIFICATIONS					

SKILLS, L	ICENSE &	CERTIFICATIONS			
		s, licenses and/or certificates that may assist y	ou in performing t	he positon ap	plying for.
Knowledge	Proficient /		Knowledge	Proficient /	
Only	Certification		Only	Certification	
		TypingW.P.M.	□ [′]		Forklift / Pallet Jack
_	_		_	_	
		Calculating Machine 10-key touch?			First Aid / CPR
_	_		_	_	
		Computer: Type?			Language Ability
_	_	What programs?	_	_	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		ТО
MONDAY		ТО
TUESDAY		ТО
WEDNESDAY		ТО
THURSDAY		ТО
FRIDAY		ТО
SATURDAY		ТО

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.

I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination, as part of my application for employment. I also understand and agree that I may be required to submit a complete medical examination during my employment with The Company, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by The Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory testing to The Company in accordance with state and federal laws. The Company will keep such results confidential and disclose the result solely to persons who need to know or where required by law. Also, I agree to fully cooperate and provide The Company with any additional consent(s) and/or release(s) as required by The Company to investigate my employment application.

I agree that The Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.

I understand and agree that if offered employment by The Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by The Company.

I consent to and authorize The Company to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, government agency or other entity to provide The Company with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the company's review of this applicant, I release The Company and all providers of any information from any liability as a result of furnishing and receiving this information.

If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform The Company of any agreements that would limit my ability to work for The Company.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with The Company if I am employed by either:

Marukai Corporation 2310 Kamemeha Hwy. Honolulu, Hawaii 96819 Ph: (808) 845-5053 Don Quijote (USA) Co. Ltd. / Oriental Seafood, Inc. 801 Kaheka Street Honolulu, Hawaii 96814

Ph: (808) 973-6692

By signing below, I acknowledge that I have read the above statements and authorize the	
Company to take actions toward my consideration of employment with it.	

Authorization / Signature of Applicant Print Name Date DO NOT COMPLETE - FOR OFFICE USE ONLY Store / Office Location: (location application is received) #01 #02 #51 #53 #54 #60 Others #01 #02 #51 #53 #54 #60 Others