



P: (808)941-4588

E: careers@lilihabakery.com

PREFERRED LOCATION _____ POSITION: _____

Name: _____ Email Address: _____

Address _____ Phone # _____

If not U.S. Citizen, Permanent Resident # _____ Legally able to work in the U.S.? YES NO

Are you 18 years of age or older? YES NO If under 15 years old, Work Permit # _____

AVAILABILITY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time From							
Time To							

AVAILABLE TO START WORK ON _____ How did you hear about this job? _____

High School Attended _____ Last grade completed _____ Year Graduated _____

College _____ Degree Acquired _____ Year Graduated _____

Most Recent Employment #1

COMPANY _____ PHONE # _____ LOCATION _____

JOB TITLE _____ SUPERVISOR _____

DATES WORKED: FROM _____ TO _____ STARTING RATE: \$ _____ ENDING RATE: \$ _____

DUTIES _____ REASON FOR LEAVING _____

Recent Employment #2

COMPANY _____ PHONE # _____ LOCATION _____

JOB TITLE _____ SUPERVISOR _____

DATES WORKED: FROM _____ TO _____ STARTING RATE: \$ _____ ENDING RATE: \$ _____

DUTIES _____ REASON FOR LEAVING _____

Recent Employment #3

COMPANY _____ PHONE # _____ LOCATION _____

JOB TITLE _____ SUPERVISOR _____

DATES WORKED: FROM _____ TO _____ STARTING RATE: \$ _____ ENDING RATE: \$ _____

DUTIES _____ REASON FOR LEAVING _____

Reference #1: NAME: _____ RELATIONSHIP: _____ PHONE: _____

(NOT FAMILY RELATED)

Reference #2: NAME: _____ RELATIONSHIP: _____ PHONE: _____

Emergency Contact: NAME _____ RELATIONSHIP: _____ PHONE: _____

Permission to Contact Past Employment? YES NO Permission to conduct a full background check? YES NO

Are you able to fulfill the job duties that you are applying for? YES NO Have you been convicted of felony? YES NO

Have you ever been convicted of any crime, involving violence to another person? YES / NO

Have you ever been counseled or disciplined for cash handling violations? YES NO

Would you be willing to take a drug test prior to start of employment if hired? YES NO

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT DELIBERATE FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH POLICY.

Please skip this section. A team member will get back to you in regards to scheduling an appointment. You may sign and date upon arrival.

SIGNATURE _____

DATE _____