

**We conduct pre-employment, reasonable suspicion & random drug testing.**

**TD FOOD GROUP, INC**



**EMPLOYMENT APPLICATION** PLEASE PRINT

An Equal Opportunity / Affirmative Action Employer

**GENERAL**

Date	Last Name	First Name	Middle Name	Maiden Name	Social Security No.					
Street & Number				Apartment No.	Area Code ( )	Home Phone No.				
City		State		Zip	Area Code ( )	Cell Phone No.				
Are you lawfully authorized to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No										
You must be at least 16 years of age to work. If you are 16 or 17 years of age, do you have a certificate of age issued by the Hawaii Department of Labor & Industrial Relations? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Do you have any relatives working for Pizza Hut, Taco Bell, or Long John Silvers A&W? If yes, give name, relationship, department / location. <input type="checkbox"/> Yes <input type="checkbox"/> No										
Have you ever been employed by Pizza Hut, Taco Bell, or Long John Silver's A&W? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include in the Employment section below.					Name of Supervisor & Location					
Position(s) Desired	Hrs. Desired	M	T	W	T	F	S	S	Days/Hrs. Unavailable	What is the maximum number of hours you are willing to work in a day?  In a week?
	From:									
	To:									
On which islands can you work? <input type="checkbox"/> Oahu <input type="checkbox"/> Maui <input type="checkbox"/> Hawaii <input type="checkbox"/> Kauai				At which locations can you work?						
Date you can start. Month Day Year				How did you hear about this job opening?						

EDUCATION	Name and Address of School	Major	No. of Years	Diploma Degree
High School				
College				
Other				

**EMPLOYMENT**

HAVE YOU EVER BEEN EMPLOYED? <input type="checkbox"/> Yes (List all employers for the past 10 years starting with present or most recent employment) <input type="checkbox"/> No				MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company	Address			Name of Supervisor			
Job Title / Duties Performed	Area Code ( )	Phone No.		From Mo. Yr.	To Mo. Yr.		
Reason for leaving	Starting Pay			Ending Pay			
If you were terminated or asked to resign, please explain:							
Company	Address			Name of Supervisor			
Job Title / Duties Performed	Area Code ( )	Phone No.		From Mo. Yr.	To Mo. Yr.		
Reason for leaving	Starting Pay			Ending Pay			
If you were terminated or asked to resign, please explain:							

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<b>APPLICANT NAME</b>					
Last Name		First Name			
<b>EMPLOYMENT cont'd</b>			If you need to list additional employers in the past 10 years, please complete a second application form.		
Company		Address		Name of Supervisor	
Job Title / Duties Performed			Area Code (      )	Phone No.	
Reason for leaving			From Mo.      Yr.		To Mo.      Yr.
If you were terminated or asked to resign, please explain:			Starting Pay		Ending Pay
Company		Address		Name of Supervisor	
Job Title / Duties Performed			Area Code (      )	Phone No.	
Reason for leaving			From Mo.      Yr.		To Mo.      Yr.
If you were terminated or asked to resign, please explain:			Starting Pay		Ending Pay
Company		Address		Name of Supervisor	
Job Title / Duties Performed			Area Code (      )	Phone No.	
Reason for leaving			From Mo.      Yr.		To Mo.      Yr.
If you were terminated or asked to resign, please explain:			Starting Pay		Ending Pay
<b>PERSONAL REFERENCES</b>			Not relatives or significant others.		
Name		Relationship		Area Code (      )	Phone No.
Name		Relationship		Area Code (      )	Phone No.
<b>EMPLOYMENT GAPS</b>			Explain any periods that you were not working during the past 10 years. Do not include personal illness, injury or disability.		
From Mo.      Yr.		To Mo.      Yr.		Reason	
From Mo.      Yr.		To Mo.      Yr.		Reason	
From Mo.      Yr.		To Mo.      Yr.		Reason	
From Mo.      Yr.		To Mo.      Yr.		Reason	
<b>JOB SKILLS AND QUALIFICATIONS</b>			Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.		
If you are applying for a delivery driver or management position, please complete the following:					
Valid driver's license number		Expiration date		State of issuance	
Insurance Carrier					
<b>SIGNATURE</b>					
I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with company policy. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you, for any reason without any further liability. I agree that all of the consents, authorizations and releases which I have made in this document shall be irrevocable during the period of my employment should I be hired by the Company. In consideration of my employment, I agree to conform to the rules and regulations of the company and my employment and compensation can be terminated at any time, at the option of either the company or myself. <b>I authorize and understand that my employment will be conditioned on the completion of a satisfactory background check, including criminal offenses, and may include passing a test for illegal drug use.</b>					
Date			Signature		