



APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in Bric-A-Brac LLC dba Hawaiian King Candies ("HKC") and are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. We are an Equal Opportunity Employer. Consideration for employment is based solely on individual qualifications, without regard to age, race, religion, color, ancestry, national origin, disability, sex, marital status, sexual orientation, veteran status, or arrest and court record as required by applicable state and federal equal employment opportunity laws.

(PLEASE PRINT ALL INFORMATION)

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Name _____
Last First Middle Initial

Soc. Sec. # _____ - _____ - _____

Address _____
Street Apt. #
_____ City State Zip Code

Home Tel. # _____

Cellular Tel. # _____

Email: _____

Can you, after employment, submit verification of your legal right to work in the United States?

Yes No

Have you previously applied for a job with HKC?

Yes Please give date(s) _____ No

Were you previously employed by HKC?

Yes Date(s) From: _____ to _____ No

List any **relatives** working for HKC:

_____ Relationship: _____

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Position(s) applying for: (1st choice) _____ (2nd choice) _____

Would you work: (Check **all** that apply) Full-Time Part-Time Temporary

Indicate all hours available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to	to

Salary/Wage desired: \$ _____ per _____ When can you begin work? _____

How did you hear about the position? _____

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If you are **currently** employed, why do you wish to resign? _____

Have you ever been discharged, requested to resign from employment, or resigned after you were told that you would otherwise be terminated from employment? Yes No

If yes, please briefly state reason for the action: _____

Please list periods of unemployment over 90 days.

Period: _____ Reason: _____

For reference purposes, have you ever worked or attended school under another name?

Yes Please indicate all names: _____ No

**List ALL employment within the last 10 years, beginning with your most recent.
If space is available below, list any relevant work prior to 10 years ago.
(Attach additional sheets, if necessary)**

E M P L O Y M E N T H I S T O R Y

Name of Company	FROM		TO		SUMMARIZE THE WORK YOU DID	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER
	MO.	YR.	MO.	YR.			
City, State					Position: _____ Duties: _____		Yes <input type="checkbox"/>
Phone No.	STARTING SALARY		LAST SALARY				No <input type="checkbox"/>
Name of Supervisor							Check with me first <input type="checkbox"/>
Status	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	On-Call <input type="checkbox"/>				
Name of Company	FROM		TO		SUMMARIZE THE WORK YOU DID	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER
	MO.	YR.	MO.	YR.			
City, State					Position: _____ Duties: _____		Yes <input type="checkbox"/>
Phone No.	STARTING SALARY		LAST SALARY				No <input type="checkbox"/>
Name of Supervisor							Check with me first <input type="checkbox"/>
Status	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	On-Call <input type="checkbox"/>				
Name of Company	FROM		TO		SUMMARIZE THE WORK YOU DID	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER
	MO.	YR.	MO.	YR.			
City, State					Position: _____ Duties: _____		Yes <input type="checkbox"/>
Position(s) applying for:	STARTING SALARY		LAST SALARY				No <input type="checkbox"/>
Name of Supervisor							Check with me first <input type="checkbox"/>
Status	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	On-Call <input type="checkbox"/>				
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	MO.	YR.	MO.	YR.			
City, State					Position: _____ Duties: _____		Yes <input type="checkbox"/>
Phone No.	STARTING SALARY		LAST SALARY				No <input type="checkbox"/>
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	MO.	YR.	MO.	YR.			
City, State					Position: _____ Duties: _____		Yes <input type="checkbox"/>
Phone No.	STARTING SALARY		LAST SALARY				No <input type="checkbox"/>
Name of Supervisor							Check with me first <input type="checkbox"/>
Status	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	On-Call <input type="checkbox"/>				

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(Please check off any of the following in which you are experienced or trained.)

- Typing _____ WPM 10-Key Calculator Touch _____ Sight _____
 Cash Register or Point of Sales System Personal Computer Interactive Computer Systems
 Software (Please specify) _____

If you are applying for a position that requires you to drive, do you have a valid Driver's License?

Yes (Type: _____) No

Please indicate any special training, skills or awards you may have received which you would like us to consider as part of your application for employment.

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SCHOOL	NAME & CITY, STATE	MAJOR OR COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH	_____ _____ Presently enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>		less than 1 1 2 3 4 (circle one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
COLLEGE	_____ _____ Presently enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>		less than 1 1 2 3 4 (circle one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
OTHER	_____ _____ Presently enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>		less than 1 1 2 3 4 (circle one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

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Please list three references that are familiar with your work ability.

NAME	OCCUPATION AND PLACE OF BUSINESS	PHONE NUMBER

Please read carefully, initial each paragraph where indicated, and sign below:

- ____ 1. HKC is committed to providing our employees with a safe and healthy working environment, free of the problems associated with illegal
(initials) substance abuse. Because of this, employment may be contingent upon successful completion of a drug screening test.

- ____ 2. I consent to and authorize the Company to make a full and complete investigation of my education and/or employment history and personal
(initials) references. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability as a result of furnishing and receiving this information.

- ____ 3. This application is not a contract and cannot create a contract. I understand that this is only an application for employment, and does not
(initials) constitute a promise or guarantee that an offer of employment is or will be offered to me. I further understand that no contract of employment is created or intended by any statement made in conjunction with any interview or any other oral statements. The only way an employment contract can exist is by written document, entitled, "HKC Employment Contract," that has been signed by the CEO of HKC.

- ____ 4. **I understand that if my employment is not subject to a written contract signed by the CEO of HKC and myself (in which
(initials) case it is governed by the terms of that written contract), my employment is "at will" and can be terminated at any time, either by myself or Bric-A-Brac LLC dba Hawaiian King Candies, for any or no reason, and with or without prior notice.**

- ____ 5. I understand that if I receive a conditional offer of employment, the Company may inquire into and consider my criminal conviction record.
(initials) The Company may withdraw its conditional offer of employment if the Company determines that my criminal conviction record bears a rational relationship to the job for which I am applying. Convictions that are more than ten (10) years old will not be considered.

- ____ 6. I certify that the information contained in this application or additional attachments are true, correct and complete to the best of my knowledge,
(initials) 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.

Signature of Applicant

Date of Application

**Mailing Address: Hawaiian King Candies
Attn: Human Resources
550 Paiea Street, Ste 501
Honolulu, HI 96819**

**Email Address: careers@hawaiianking.com
Phone No.: (808) 833-0041 x104
Fax No.: (808) 833-3342**



EQUAL EMPLOYMENT OPPORTUNITY FORM

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Full Name: _____ Date: _____
(LAST, FIRST)

Racial or Ethnic Group:

- Hispanic or Latino
- White or Caucasian
- Black or African America
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or More Races

Gender: Male Female

Position applied for: _____

Please return completed form to:

Hawaiian King Candies
Attn: Human Resources
550 Paiea Street, Suite 501
Honolulu, HI 96819



NOTICE TO APPLICANT / EMPLOYEE
and
AUTHORIZATION TO OBTAIN CONSUMER REPORT

Notice regarding Consumer Reports

This notice is to inform you that Hawaiian King Candies (“HKC”) may obtain a consumer report or reports in connection with your application for employment with HKC. “Consumer reports” include, but are not limited to, credit reports, criminal background checks and Department of Motor Vehicle records.

Authorization to Obtain Consumer Report

By signing below, I certify that I have received a copy of HKC’s written notification that it may obtain a consumer report or reports on me, and I authorize HKC to obtain such a report or reports for use in connection with my application for employment.

I understand that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, and Department of Motor Vehicle records.

Signature of Applicant/Employee

Print Name

Date

*This document is to be signed in duplicate originals. One original is to be provided to the applicant/employee and the other is to be retained by HKC.

EMPLOYER COPY



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APPLICANT COPY