Date: Job you are applying	for		DIAMOND HEAD CHOCOLATE			
GENERAL INFORMA	TION					
Name		Telephone Number				
Address						
If you are a minor, do you have a work permit?		Citizen of the U.S.?				
Social Security #		Number of years in Hawaii?				
Are you currently emp	oloyed?	Date you can start	Salary Desired			
Please rate yourself A, B, C or D on your ability to get along with customers coworkers						
PREVIOUS EMPLOY	MENT (list last 3 employers	s you worked for)				
LAST or CURRENT EMPLOY	ER					
Company Name		Phone #				
Address						
Name of immediate s	upervisor					
Duties						
Date Started	Date Left	Wage Rate \$	month or hourly			
Reason for leaving _						
NEXT TO LAST EMPLOYER						
Company Name		Phone #				
Address		Type of Business				
Name of immediate s	upervisor					
Duties						
Date Started	Date Left	Wage Rate \$	month or hourly			
Reason for leaving						

PROFESSIONAL OR CHARACTER REFERENCES

Name of immediate supervisor_____

PRIOR TO ABOVE

Duties

Company Name

Address

Reason for leaving

Name	Occupation	Phone#	Years Acquainted

Date Started _____ Date Left _____ Wage Rate \$ ____ month ___ or ___ hourly

Phone #

Type of Business

				Years	Did You
	Name of School	Location		Completed	Graduate
Grammar School					
High School					
College					
Please list major		overall GPA		GPA in major_	
Do you speak, read	or write a foreign langua	age? If so list			
MEDICAL INFORM	IATION				
Do you have any m	nental or physical impairm	nent that will interfere	with th	he performance of the ess	ential tasks
of the job for which	you are applying? YE	S NC)	_	
If any list:					
MILITARY SERVIC	E				
Branch in which you served:				Rank:	
OTHER					
Have you ever bee	n employed by this comp	any before?		When?	
Do you know anyor	ne presently working for t	his company?		Who?	
In your past job how	w many days were you al	osent?			
In your past job how	w many days were you la	te to work?		_	
Concerning this job	how long do you expect	to work here?		_	
What do you exped	ct to make in a year?			_	
•	• •		=	ete to the best of my know	•
,		· ·	ischar	ge. I also authorize any ir	ivestigation
of the above inform	nation for purposes of ver	ification.			
Cianature of Applie	ont	_		Data of Application	
Signature of Applic	anı			Date of Application	
HOURS OF AVAIL	ABLILITY				
Monday		Frie	day		
Tuesday			turday		<u> </u>
Wednesday		Su	nday		
Thursday					
Friday					