

Supervisor's Name:







3375 Koapaka Street, D-108 • Honolulu, HI 96819 • Phone: (808) 831-0811 • Fax: (808) 831-0830

APPLICATION FOR EMPLOYMENT

QSI, Inc., DBA Times Supe do not discriminate against on this application form an TANT: Print clearly (or ty	t any applicant and d complete this en	we comply with tire application fo	all applicable orm. Failure	e federal to do so	and sta may res	te emplo sult in th	oyment e disqu	laws. Pro alification	ovide <u>only</u> the	e infor	mation requested
I am applying at Times bFriend/Family Men											Job Fair
Other:		-									
GENERAL INFORMA	ATION:										
Name: La	Firs	M.I. So			Social	cial Security Number:					
Address	City State Zip			Telephone No.: Home: Cell:							
Email Address:								Work:			
Referred By:							Best time to call:				
EMPLOYMENT INFO	RMATION:										
Date you can start work:								ite Desire			
Are you currently employ [] Yes [] No If "Yes", Store:	[] Ye	Have you ever applied with us before? [] Yes [] No If "Yes", When:					Have you ever been employed by us? [] Yes [] No If "Yes", When:				
AVAILABILITY:											
Days:	Wednesday	Thursday	Friday	/	Saturday		Sunday		Monda	у	Tuesday
Earliest Start Time:											
Latest End Time:											
Which areas of OAHU are you willing to work? (Please Circle) Town Leeward Windward (Beretania, Liliha, Kahala, Kaimuki, Kam Shopping Ctr, McCully, Fujioka's Market City) Waimalu, Waipahu, Fujioka's Mililani)						oolau)	Which areas of the NEIGHBOR ISLANDS? Maui (Kihei, Honokowai) (Lihue, Koloa, Kapaa, Eleele, Waimea, Hanalei)				
Experience, skills, or qua	alifications applicat	ole to the position	n(s) you are	applying	for:						
EMPLOYMENT RECO								. Include	self-employn	nent, r	military service,
Company Name:		Phone:				Positio	Position & Duties:		Salary:	Rea	son For Leaving:
Street Address		City	Zip	From:				3	Starting:		
Supervisor's Name:				To:				I	Ending:		
Company Name:		Phone:		Dates Employ	eq.	Positio	n & Du	ties:	Salary:	Rea	son For Leaving:
Street Address		City	Zip	From:	-u.			8	Starting:		
		-	•	To:				E	Ending:		

Company Name:	Phone:		Dates Employed:	Position & Duties:	Salary:	Reason For Leaving:					
Street Address	City	Zip	From:		Starting:						
0.0007.000	3,	<i>P</i>	To:		Ending:						
Supervisor's Name:											
EDUCATION:											
	Name of School	Add	ress	Years Attende	ed Degree/Diploma						
Jr. High/Intermediate											
High School College											
Other (Trade School, etc.)											
OTHER:											
Do you know anyone working	ng for the Company? [] Yes	[] No	If "Yes", Who:								
Do you have a reliable mean	ns of transportation? [] Yes	[] No									
14/6	. (T'	T	011								
Why would you like to work at Times, Big Save, Fujioka's Wine Times or Shima's?											
If you are hired, describe wi	nat you feel you can contribute to	our Comp	any or Store:								
-											
MEDICAL AND CRIMINAL CONVICTION INFORMATION:											
After an offer of employment is made, applicants may be required to undergo a physical and/or other medical examination at Company											
expense and by a Company-chosen physician. Passing said examinations are a condition of employment. I authorize the physicians conducting the examinations and any laboratory testing any specimen obtained by the physicians to disclose the											
results of the examinations and the laboratory tests to the Company.											
The Company may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer of											
employment to you. The Company may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying. Any criminal conviction record that is more											
than 10 years old or that involves certain Family Court matters will not be considered.											
Do you have a current Tuberculosis Clearance Card? [] Yes [] No Date last tested:											
IMPORTANT NOTICE:											
It is policy of the Company to hire only U.S. citizens and aliens who are authorized to work in the U.S. As a condition of employment, you will be required to											
produce original documents es	stablishing your identity and authori	ization to w	ork and to comple	ete the U.S. Immigration	and Naturalization	n Service's Form I-9.					
CERTIFICATION:											
	nade on this application are true										
	lete. Further, I understand that a or omission is discovered after h										
any investigation of the above	ve or related work experience, ed										
employment.											
	rs: I also authorize my previous on Wine Times and Shima's Marke					mes Super Market,					
	tract and cannot create a contract at will and can be terminated at										
A	pplicant's Signature		V.	Applicati	on Date						

Thank you for considering WINE WINE WINE THE SHIPMAN FOR YOUR NEXT JOB!!



