

CERTIFICATION

Please Read Carefully Before Signing

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that **MY EMPLOYMENT WITH KFC-HAWAII IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that only the President or Executive of KFC-HAWAII has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President or Executive, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that KFC-HAWAII may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including facts or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. I agree that KFC-HAWAII may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by KFC-HAWAII, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Company.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform KFC-HAWAII of any agreements that would limit my ability to work for the Company.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with KFC-HAWAII if I am employed by the Company.

.....

AUTHORIZATION/SIGNATURE OF APPLICANT

PRINT NAME

DATE

EMPLOYMENT APPLICATION



PLEASE TELL US ABOUT YOU

LAST NAME		FIRST NAME		M.I.
CURRENT ADDRESS		CITY	STATE	ZIP CODE
			HI	
HOME PHONE:	<i>Do you meet the minimum age requirement set by law for the desired position?</i> <input type="radio"/> YES <input type="radio"/> NO	How did you find out about KFC? <input type="radio"/> Job Fair <input type="radio"/> Newspaper Ad <input type="radio"/> Referred by Friend <input type="radio"/> Referred by KFC Employee <input type="radio"/> TV/Radio Ad <input type="radio"/> Walked-In <input type="radio"/> Other: _____		
CELL PHONE:				
E-MAIL	<i>When hired can you submit a copy of document(s) to verify your legal right to work in the United States Of America?</i> <input type="radio"/> YES <input type="radio"/> NO			
<i>Do you have any relatives working for KFC?</i> <input type="radio"/> YES <input type="radio"/> NO If yes, please indicate his/her name(s): _____		<i>Were You Referred By Anyone Who Currently Works For KFC?</i> <input type="radio"/> YES <input type="radio"/> NO If yes, please indicate his or her name: _____		

WHAT WOULD YOU LIKE TO DO AT KFC?

Desired Position <input type="radio"/> Customer Service <input type="radio"/> Kitchen Help (Cook / Food Prep.) <input type="radio"/> Assistant Restaurant Manager <input type="radio"/> Restaurant General Manager <input type="radio"/> Other: _____	Write In Hours Available Each Day		FROM	TO
		Mon.		
		Tue.		
		Wed.		
		Thurs.		
		Fri.		
		Sat.		
Sun.				
Date You Can Start:	Number of Hrs. Available Per Week:			

IN CASE OF EMERGENCY CONTACT

	NAME	RELATIONSHIP	ADDRESS	PHONE
1.				
2.				

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	NO. OF YRS. ATTENDED	DID YOU GRADUATE?
High School			
College			
Other			

FORMER EMPLOYERS

List below your last two employers, starting with the most recent. You must answer all questions.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
			ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES
STARTING SALARY/HOURLY RATE		FINAL SALARY/HOURLY RATE	
MAY WE CONTACT YOUR SUPERVISOR?		NAME OF SUPERVISOR	
<input type="radio"/> YES <input type="radio"/> NO			
If NO, WHY? _____		TITLE	
		EMPLOYER'S PHONE NUMBER	
		() —	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF FORMER EMPLOYER			
ADDRESS		CITY	STATE
			ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES
STARTING SALARY/HOURLY RATE		FINAL SALARY/HOURLY RATE	
		NAME OF SUPERVISOR	
		TITLE	
		EMPLOYER'S PHONE NUMBER	
		() —	
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

EMPLOYMENT GAPS

Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

SUMMARIZE YOUR JOB SKILLS & QUALIFICATIONS
