



**APPLICATION FOR CREW/MANAGEMENT EMPLOYMENT**

Last Name	First Name	Middle	Date of Application	
Street/P.O. Box	Apt. #	City	State	Zip
Day Phone No. ( ) -	Evening Phone No. ( ) -	Social Security No. - -		
Please list any other names you have used.	<input type="checkbox"/> Crew member	<input type="checkbox"/> Full-Time	Position Applied for	Wage Expected \$
	<input type="checkbox"/> Management	<input type="checkbox"/> Part-Time		
Emergency Contact's Name	Home Phone No. ( ) -	Work Phone No. ( ) -		
Street/P.O. Box	Apt. #	City	State	Zip

**Personal**

1. Are you at least 18 years old? ..... Yes No  
If no, please list birth date. \_\_\_\_\_
2. Do you have the legal right to remain and work in the United States? ..... Yes No  
**(Authorization for employment and Proof of identity required upon employment)**
3. Have you ever been employed by Kokoro's Restaurants before? Corporate or, Franchise..... Yes No  
If so, When? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Who was your immediate supervisor/owner? \_\_\_\_\_  
Why did you leave? \_\_\_\_\_
4. What prompted you to apply for work here? Company Image \_\_\_\_\_ Agency \_\_\_\_\_ Friend \_\_\_\_\_  
Newspaper \_\_\_\_\_ Employee Referral \_\_\_\_\_ Other \_\_\_\_\_
5. Have you ever been convicted of a felony or misdemeanor? (Example Miner traffic violations) ..... Yes No  
If yes, please explain all convictions. \_\_\_\_\_  
\_\_\_\_\_
6. What are your personal interests or hobbies? \_\_\_\_\_  
\_\_\_\_\_
7. Job-related organizations, clubs, professional societies. (Omit those that indicate sex, race, religion, creed, color, and national Origin, ancestry, and/or age.) \_\_\_\_\_
8. Is any member of your family (spouse, parent, etc.) employed in the restaurant industry? ..... Yes No  
If yes, please explain. \_\_\_\_\_

**Education**

	Name and Location of School	Dates Attended (from /to)	Circle Highest Year Completed	Major and Minor Fields of Study	Degree(s) or Diploma
High School			9 10 11 12		
Technical/Vocational					
College/University			1 2 3 4		
Other					

Honors Received:

### Availability for Work

9. What hours or shifts are you available for work? *Please note both hours available and hours unavailable to work in the table below.*

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available							
Not Available							

10. Do you have any obligations, which would affect working as scheduled? .....Yes No  
If yes, Please explain. \_\_\_\_\_

11. How soon after accepting an offer would you be able to start working? \_\_\_\_\_

### Vehicle Information (Fill out this section only if applying for a driver or Management position.)

Car Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_  
 Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expiration/Renewal Date \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Amount of Liability Coverage \_\_\_\_\_  
 Agency Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Policy Effective Date \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_ Policy # \_\_\_\_\_  
 List Below all traffic violations within the last three years (Exclude parking violations). Include date, violation, and penalty.  
 Date \_\_\_\_\_ Violation \_\_\_\_\_ Penalty \_\_\_\_\_  
 Date \_\_\_\_\_ Violation \_\_\_\_\_ Penalty \_\_\_\_\_  
 Date \_\_\_\_\_ Violation \_\_\_\_\_ Penalty \_\_\_\_\_

### Experience

	Job One	Job Two	Job Three
Employer			
Address/Location (Include City, State, & Zip)			
Dates Employed	from ___/___/___ to ___/___/___ Mo./Yr. Mo./Yr.	from ___/___/___ to ___/___/___ Mo./Yr. Mo./Yr.	from ___/___/___ to ___/___/___ Mo./Yr. Mo./Yr.
Position(s) Held			
Supervisor's Name			
Phone Number			
Starting Salary/Wages	\$ _____	\$ _____	\$ _____
Final Salary/Wages	\$ _____	\$ _____	\$ _____
May we contact this employer?	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Responsibilities			
Reason for Leaving			

I represent that the above information, and any other information I may be required to provide, is complete and accurate and any misstatement or omission may result in rejection of my application or termination of employment. I authorize Kokoro to conduct, at its discretion, felony conviction and motor vehicle record searches. I authorize my references and any state or local agency to release any information they may have regarding me to Kokoro Restaurants Inc. and I release all parties from any liability for requesting and/or providing such information.

I agree that if I am hired, Kokoro Restaurants or I may terminate my employment at any time for any reason or no reason at all with or without notice. I agree that only the Director of Operations of Kokoro has authority to enter into an employment arrangement other than "at-will" and it must be in writing and signed by the Director of Operation and me.

I agree to keep confidential all proprietary information I learn about Kokoro by virtue of my employment with Kokoro and shall not disclose it or use it for my own personal gain or for the benefit of a third party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date