



# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Highway Inn considers applicants for all positions without regard to race, color, religion, sex (including gender identity and expression), age, ancestry, national origin, arrest and court record, citizenship, credit history, veteran/military status, status as a victim of domestic or violence, genetic information, disability, marital status, or sexual orientation.

**PLEASE PRINT**

**LOCATION:**  Kaka'ako  Waipahu  Bishop Museum Café

Date of Application: \_\_\_\_\_

## PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS		CITY		STATE	ZIP
HOME #	CELLULAR #	E-MAIL			

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

**HAVE YOU EVER APPLIED FOR WORK WITH HIGHWAY INN?**  Yes  No If yes, for what position(s): \_\_\_\_\_

**HAVE YOU EVER BEEN EMPLOYED WITH HIGHWAY INN?**  Yes  No If yes, for what time period: \_\_\_\_\_ to \_\_\_\_\_

**IF YOU ARE APPLYING FOR A POSITION IN WHICH YOU MUST SERVE ALCOHOL, ARE YOU ABLE TO MEET THE AGE REQUIREMENT?**  
 Hawai'i state law requires those who serve alcohol be at least 18 years of age.  Yes  No  Not applying for a position that serves alcohol

**LIST ANY RELATIVES WORKING FOR HIGHWAY INN AND YOUR RELATIONSHIP TO THEM:** \_\_\_\_\_

## POSITION INFORMATION

<b>PREFERENCE OF POSITION(S) APPLYING FOR</b>  1st _____  2nd _____	<b>SHIFT(S) PREFERRED</b> (check all that apply)  <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Any	<b>PREFERRED STATUS</b> (check all that apply)  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time/Casual
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**INDICATE ALL HOURS AVAILABLE TO WORK**

Monday: From \_\_\_\_\_ to \_\_\_\_\_

Tuesday: From \_\_\_\_\_ to \_\_\_\_\_

Wednesday: From \_\_\_\_\_ to \_\_\_\_\_

Thursday: From \_\_\_\_\_ to \_\_\_\_\_

Friday: From \_\_\_\_\_ to \_\_\_\_\_

Saturday: From \_\_\_\_\_ to \_\_\_\_\_

Sunday: From \_\_\_\_\_ to \_\_\_\_\_

**WHEN CAN YOU BEGIN WORK?** \_\_\_\_\_

**WHAT IS YOUR DESIRED SALARY/WAGE? \$** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS POSITION?**

Newspaper — which paper: \_\_\_\_\_

Website — which site: \_\_\_\_\_

School — which school: \_\_\_\_\_

Employee — employee's name: \_\_\_\_\_

Walk-in  Other: \_\_\_\_\_

## EMPLOYMENT HISTORY

**IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER?**  Yes  No

**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, briefly state reason for action: \_\_\_\_\_

**LIST PERIOD(S) / GAP(S) OF UNEMPLOYMENT:** Period: \_\_\_\_\_ Reason: \_\_\_\_\_

**STARTING WITH PRESENT/MOST RECENT, LIST ALL PREVIOUS EMPLOYMENT FOR THE LAST 10 YEARS.**  
*Military experience may be listed. Attach additional sheets, if necessary.*

NAME OF COMPANY	FROM		TO		WORK SUMMARY	REASON FOR LEAVING	MAY WE CONTACT
	Mo	Yr	Mo	Yr			
ADDRESS					POSITION		<input type="checkbox"/> Yes
					DUTIES		<input type="checkbox"/> No
NAME AND TITLE OF IMMEDIATE SUPERVISOR							<input type="checkbox"/> Check with me first
CONTACT INFORMATION							
STATUS: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual							
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	Mo	Yr	Mo	Yr			
ADDRESS					POSITION		<input type="checkbox"/> Yes
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NAME AND TITLE OF IMMEDIATE SUPERVISOR							<input type="checkbox"/> Check with me first
CONTACT INFORMATION							
STATUS: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual							

## SKILLS

**PLEASE CHECK ANY OF THE FOLLOWING WHEREIN YOU HAVE EXPERIENCE OR TRAINING:**

- Typing \_\_\_\_\_ wpm     
  10-Key Calculator \_\_\_\_\_ Touch \_\_\_\_\_ Sight \_\_\_\_\_     
  Cash Register/Point of Sale System  
 Computer System     
  Software (please specify): \_\_\_\_\_

**IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES YOU TO DRIVE, DO YOU HAVE A VALID DRIVERS LICENSE?**    Yes    No

**PLEASE INDICATE IF YOU CAN SPEAK OR READ IN A LANGUAGE OTHER THAN ENGLISH:**

- Japanese:    Read    Write    Speak     
 Level of Fluency:    Basic    Conversational    Fluent  
 Korean:    Read    Write    Speak     
 Level of Fluency:    Basic    Conversational    Fluent  
 Mandarin:    Read    Write    Speak     
 Level of Fluency:    Basic    Conversational    Fluent  
 \_\_\_\_\_    Read    Write    Speak     
 Level of Fluency:    Basic    Conversational    Fluent  
 \_\_\_\_\_    Read    Write    Speak     
 Level of Fluency:    Basic    Conversational    Fluent

**PLEASE INDICATE ANY OTHER SPECIAL TRAINING, SKILLS OR AWARDS RECEIVED WHICH YOU WOULD LIKE US TO CONSIDER AS PART OF YOUR APPLICATION:**

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## EDUCATION

SCHOOL NAME	LOCATION (CITY, STATE)	MAJOR COURSE/SUBJECT	# OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE INDICATE ANY OTHER EDUCATION/TRAINING:**

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## PROFESSIONAL WORK REFERENCES

Please list three professional references who have knowledge of your qualifications. Do **NOT** list family members or personal friends.

NAME	OCCUPATION AND PLACE OF BUSINESS	CONTACT INFORMATION



# APPLICATION FOR EMPLOYMENT

## ACKNOWLEDGMENT & CERTIFICATION

**PLEASE READ EACH STATEMENT CAREFULLY AND SIGN BELOW:**

1. By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize the Company or its agent/representative to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company’s consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.
2. After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I agree to provide the Company with any authorization or release which may be required for a pre-employment medical examination or drug test.
3. This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is “at will” and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company’s at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.
4. This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

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PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Completed applications can be mailed or dropped-off to one of our restaurant locations or emailed to [employment@myhighwayinn.com](mailto:employment@myhighwayinn.com)

**WAIPAHU SHOPPING VILLAGE** • 94-226 Leokū Street • Waipahu, HI 96797  
**SALT AT OUR KAKA’AKO** • 680 Ala Moana Blvd., #105 • Honolulu, HI 96813  
**THE BISHOP MUSEUM** • 1525 Bernice Street • Honolulu, HI 96817