



Completed applications may be returned:

- to Security at 74 Hobron Avenue, Kahului.
- By mail, P. O. Box 517, Kahului, HI 96733
- By facsimile, (808) 877-4960, Attention: HR
- By email to hr@vipfoodservice.com

www.vipfoodservice.com www.islandgrocerydepot.com

Office: 74 Hobron Avenue, Kahului, HI 96732 Mail: P. O. Box 517, Kahului, HI 96733
 PH: (808) 877-5055 Fax: (808) 877-4960

NOTICE TO ALL APPLICANTS All employee candidates of VIP Foodservice and Island Grocery Depot will be required to undergo a post job offer **DRUG TEST** and, if applicable, a post job offer **WORK CAPACITY EVALUATION**. Employment of all employee candidates will be contingent upon successful completion of the drug testing and work capacity evaluation.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position applying for	Date of application:
How did you learn about us? <input type="checkbox"/> On-line (pls provide website) _____ <input type="checkbox"/> Radio ad <input type="checkbox"/> Newspaper ad <input type="checkbox"/> VIP employee (pls provide name): <input type="checkbox"/> Other:	

LAST NAME	FIRST NAME	MIDDLE NAME			
MAILING ADDRESS (NUMBER AND STREET, OR P.O. BOX)			CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S):		EMAIL:			
BEST TIME TO CALL:					

	YES	NO
If you are offered employment, do you have a valid photo ID for post offer drug testing? <input type="checkbox"/> Hawaii Drivers License <input type="checkbox"/> Hawaii State ID <input type="checkbox"/> Other:		
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you ever filed an application with us before? If yes, give date:		
Have you ever been employed with us before? If yes, give dates:		
Are you currently employed?		
May we contact your present employer?		
Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment.)		
Date available for work:		
Are there any hours, shifts or days you are not available to work?		

EDUCATION (Indicate Last School Attended)

	Name and Address of School	Course of Study	Graduated? If no, years completed.	Diploma Degree
Elementary School				
High School				
College/University				
Special Training/Skills/Qualifications (Attach separate sheet if needed)				

EMPLOYMENT HISTORY (List most recent first; attach separate sheet if needed.)

Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
City/State/Zip code:				
Job Title:	Supervisor: Telephone:			
Reason for leaving:				
Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
City/State/Zip code:				
Job Title:	Supervisor: Telephone:			
Reason for leaving:				
Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
City/State/Zip code:				
Job Title:	Supervisor: Telephone:			
Reason for leaving:				
Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
City/State/Zip code:				
Job Title:	Supervisor: Telephone:			
Reason for leaving:				

REFERENCES (NOT RELATED TO YOU)

NAME AND ADDRESS	TELEPHONE NUMBERS	YEARS KNOWN	HOW DO THEY KNOW YOU?
	Cell: Other:		
	Cell: Other:		
	Cell: Other:		

APPLICANT'S RELEASE AND CERTIFICATION

(PLEASE READ CAREFULLY AND SIGN BELOW)

I certify that answers and information given herein are true and complete to the best of my knowledge. I understand that the discovery of false or misleading information given in my application or interview(s), or the omission of material information, may result in rejection of my application or, if employed, discharge from employment.

In consideration of the processing of my application for employment, I authorize VIP Foodservice to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I totally release any person or entity providing information pursuant to this authorization to VIP Foodservice, from any and all claims, or liabilities whatsoever which in any way arise out of or are associated with the release of requested information. Without limiting the foregoing, I specifically waive any and all claims that I have or which might arise giving me a cause of action for defamation, libel or slander.

I totally release VIP Foodservice from any and all claims or liabilities whatsoever which in any way arise out of or are associated with the obtaining, use or retention of the information referred to in this release.

A photocopy, facsimile or electronic copy of this Release and Certification will be as valid as the original even though it does not contain my original signature.

This application for employment shall be considered active for a period of time not to exceed 24 months. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, I understand it will be necessary to fill out a new application form.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with VIP Foodservice will be of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of VIP Foodservice.

In the event of employment, I understand that I am required to abide by all rules and regulations of VIP Foodservice.

I have carefully read and fully understand the above. I understand that if I am completing this application form on-line, my typed signature below constitutes my acknowledgment of the above statements and it has the same force and effect as a handwritten signature. I further understand that as part of the application process, I may be asked to provide a handwritten signature on this application form and that my failure to do so will result in rejection of my application.

Applicant's Signature

Date