



# KOZO SUSHI

## EMPLOYMENT APPLICATION

This application will remain on file for 30 days

**Kozo Sushi** is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability.

### PERSONAL DATA

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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Job Applied For: Cashier / Shari Maker Type of employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time  
Sushi Maker

Rate of Pay Expected: \$ \_\_\_\_\_ per \_\_\_\_\_ Date available to start: \_\_\_\_\_

### AVAILABILITY: List hours available to work per week.

**Check** here if available anytime

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

Have you ever worked for a **Kozo Sushi**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When \_\_\_\_\_ Where \_\_\_\_\_

Do you have any relatives or friends currently working for **Kozo Sushi**?

If yes, state their relationship to you and which location: \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical, mental, or medical impairment that would interfere with your ability to perform the essential duties of this job with or without an accommodation: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please describe in full. (Refer to position description if necessary)

Are you able at the time of employment to submit verification of your legal right to work in the U.S.?

Yes No (verification and completion of Form I-9 must be submitted no later than 3 business days after date of hire)

**LIST ALL PRESENT AND PAST EMPLOYMENT BELOW, BEGINNING WITH MOST RECENT**

Name, Address & Phone # of Company	From	To	Last Position Held: Title & Duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor

**PERSONAL REFERENCES (Not former employers or relatives)**

Name & Address	Occupation	Phone Number

**RECORD OF EDUCATION**

School	Name & Address of School	Course of Study	Years Attended (Optional)	Did you Graduate	List Diploma or Degree	Extracurricular Activities
High School						
College						
Other						

**BACKGROUND**

Are you at least 18 years of age or older? Yes No

Have you ever been counseled or disciplined in a prior job for cash handling violations? Yes No

Have you ever been counseled, disciplined or terminated in a prior job for theft, violence, discrimination or harassment? Yes No

If you have answered Yes to any of the above, please describe in full:

**SECURITY DATA**

Within the past 10 years, have you ever been convicted of a felony, entered a plea of nolo to a felony charge or been convicted of a misdemeanor? Yes No

If yes, please explain

\*A yes answer is not an automatic bar to employment. All individual circumstances may be considered.

**IMPORTANT - READ BEFORE SIGNING**

I certify that information given herein is true and complete to the best of my knowledge. If employed by the Company, I understand and agree that, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles and computers) and, in certain circumstances, my personal property.

I authorize investigation of all statements and references contained in this employment application as may be necessary in arriving at an employment decision, including requests for criminal or credit reports. I understand that incorrect, misleading, falsified or omission of information on this application may result in disqualification from consideration of employment or immediate termination of employment. I acknowledge that this employment application and all other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment and/or may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_