

APPLICATION FOR EMPLOYMENT

WE APPRECIATE YOUR INTEREST IN OUR ORGANIZATION AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL HELP US EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT.

Personal

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE
PERMANENT ADDRESS			CITY	STATE	ZIP () -
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:		
NAMES OF FRIENDS OR RELATIVES EMPLOYED IN THIS ORGANIZATION:		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE AND POSITION APPLIED FOR:	
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATES OF EMPLOYMENT:		ARE YOU WILLING TO WORK OVERTIME, OR A FLEXIBLE WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CAN YOU, WITH OR WITHOUT REASONABLE ACCOMMODATION, PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, PLEASE EXPLAIN:	

Employment Interests

POSITION DESIRED OR AREA OF INTEREST:	SECOND CHOICE:	DATE AVAILABLE:	PAY EXPECTED:
TYPE OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		SHIFTS YOU CAN WORK: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
HOW WERE YOU REFERRED TO OUR ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SERVICE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER		NAME OF REFERRAL SOURCE:	

Education

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL		_____		
COLLEGE				
COLLEGE				
OTHER				

HONORS OR AWARDS RECEIVED:	PROFESSIONAL CERTIFICATES OR LICENSES HELD:	ARE YOU TAKING ANY EDUCATIONAL COURSE PRESENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE?
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References

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)	TELEPHONE	OCCUPATION	YEARS KNOWN

Employment History

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.

COMPANY NAME (CURRENT OR LAST)	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? [] YES [] NO
COMPANY NAME	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? [] YES [] NO
COMPANY NAME	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
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COMPANY NAME	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
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JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? [] YES [] NO
COMPANY NAME	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? [] YES [] NO

Availability

SHIFTS VARY BY STORE, STARTING AS EARLY AS 4:00 A.M. AND ENDING AS LATE AS 12:00 MIDNIGHT. PLEASE CONFIRM THE SHIFT SCHEDULE NEEDED AT YOUR STORE.

WHAT IS YOUR AVAILABILITY?

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
EARLIEST TIME							
LATEST TIME							

ACKNOWLEDGMENT

1. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should JPN MART, INC., dba Seiwa Market (the "Company") find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.
2. I authorize the Company to make any investigation allowed by law, which the Company deems necessary for employment consideration and promotion within the Company. I will provide the Company with copies of all covenants not to compete that I have previously signed.
3. I have been given an opportunity to ask questions regarding the Company's policies and regulations and, if hired by the Company, I will observe the Company's policies and regulations. I understand that my employment with the Company will be for no definite period and may be terminated at any time, with or without cause, by either the Company or myself. No representative of the Company has made any promises, assurances or other statements indicating or implying that the terms of my employment with the Company will be other than as stated above.
4. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to the Company, or its products, customers, employees, and business plans. I agree to deliver to the Company any and all copies of confidential information or other property of the Company upon termination of the employment relationship or at any time upon request by the Company. However, I shall not be held criminally or civilly liable under any Federal or State trade secret law for the disclosure of a trade secret that: (1) is made (a) in confidence to a Federal, State, or local government official, either directly or indirectly, or to an attorney; and (b) solely for the purpose of reporting or investigating a suspected violation of law; or (2) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is under seal.
5. I shall promptly disclose and assign to the Company all inventions, including ideas, processes and improvements, developed by me alone or with others, whether or not during regular workhours or on my own time, (a) when such inventions relate to the Company's business, anticipated research or development; (b) when such inventions result from any work performed for the Company; or (c) while using the Company's equipment, supplies, facilities and/or trade secret information.
6. I understand that the Company has a policy that any controversy, dispute or claim arising out of or relating to employment with the Company shall first be settled through good faith negotiation or formal mediation. If the dispute cannot be settled through such negotiation or formal mediation, then the dispute shall be submitted to a binding arbitration. If hired, I will be required to sign a Mediation and Arbitration Agreement that more fully describes the above policy and procedures.
7. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with the Company and set forth the complete agreement between me and the Company regarding these matters.

DATED: _____

SIGNATURE: _____