

# ICE MONSTER- ROYAL HAWAIIAN AND RAJA GROUP JOB APPLICATION FORM

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

| Name and Address   |                               |  |                               |  |                               |   |                               |
|--|-------------------------------|--|-------------------------------|--|-------------------------------|---|-------------------------------|
| Name (First, MI, Last)   |                               |  |                               | Social Security Number                 |                               |   |                               |
| Mailing Address  |                               |  |                               |  |                               |   |                               |
| City, State, and Zip Code  |                               |  |                               |  |                               |   |                               |
| Telephone  |                               |  |                               | Alternate Phone                        |                               |   |                               |
| Date of Birth  |                               |  |                               | Email                                  |                               |   |                               |
| Job Type   |                               |  |                               |  |                               |   |                               |
| Days/hours available to work   |                               |  |                               |  |                               |   |                               |
| <input type="checkbox"/> I have no preference.   | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues.         | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thurs.        | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sat.               | <input type="checkbox"/> Sun. |
| I am seeking a:  |                               | <input type="checkbox"/> Full-time job |                               | <input type="checkbox"/> Part-time job |                               | <input type="checkbox"/> Full- or Part-time |                               |
| How many hours can you work weekly?  |                               |  |                               | Can you work nights?                   |                               | Date available to begin                     |                               |
| Additional Information   |                               |  |                               |  |                               |   |                               |
| Have you ever been employed by this organization in the past?  |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?              |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| If Yes, please explain:  |                               |  |                               |  |                               |   |                               |
| Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                               |  |                               | Driver's license number                |                               | Issued in what state?                       |                               |
| Have you had any accidents during the past three years?  |                               |  |                               |  |                               | How many?                                   |                               |
| Have you had any moving violations during the past three years?  |                               |  |                               |  |                               | How many?                                   |                               |

**Education**

| School | Location (mailing address) | Years Completed | Major | Degree or Diploma |
|--------|----------------------------|-----------------|-------|-------------------|
|--------|----------------------------|-----------------|-------|-------------------|

**High School**

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**College or Business/Trade School**

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