



APPLICATION MUST BE FILLED OUT COMPLETELY

COCONUT GROVE DAELAND MALL AVENTURA STYLE CORAL GABLES

Position Desired: () Temporary or () Permanent
Schedule desired: () Part Time or () Full time

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER, Koko & Palenki, Inc.

Position applying for: Management () Sales Assoc. ()
Cashier () Stock ()

DOES NOT DISCRIMINATE IN HIRING OR TERMS AND
CONDITIONS OF EMPLOYMENT OF AN INDIVIDUAL'S
RACE, CREED, COLOR, SEX, AGE, HANDICAP OR NATIONAL ORIGIN.

(Circle One)
Expected salary: \$ per

Date of Application

Date available: / /

Cell # Home# Email: Last name First name Middle Name Are you a Citizen of the USA? Present Street Address City State Zip How long have you live there? Previous Street Address City State Zip How long have you live there? Social Security Number Date of birth If you are under the age of 18, state your age

Apart from absence for religious observance, are you available for full time work? If not, what days are you available? S M T W T F S If yes, what days and times are you available? When will you be available to begin to work? Are you eligible for employment in the United States? Are you going to school or planning on going to school? When? How did you learn of our organization? If you are going to school please provide copy of school schedule Will you work overtime if asked? Yes or No (circle one)

EDUCATION

SCHOOL NAME & LOCATION OF SCHOOL COURSE OF STUDY NO. OF YEARS COMPLETED DID YOU GRADUATE? DEGREE OR DIPLOMA COLLEGE HIGH SCHOOL OTHER

Please give accurate, complete full-time and part-time employment record for the past six years. Start with present or most recent employer. Use an additional sheet of paper if necessary.

EMPLOYMENT HISTORY

1) Company Name Telephone Address Employed (Month and Year) From: To: Name of Supervisor Weekly Pay: Start: Last: State Job Title and Describe Your Work Reason for leaving 2) Company Name Telephone Address Employed (Month and Year) From: To: Name of Supervisor Weekly Pay: Start: Last: State Job Title and Describe Your Work Reason for leaving 3) Company Name Telephone Address Employed (Month and Year) From: To: Name of Supervisor Weekly Pay: Start: Last: State Job Title and Describe Your Work Reason for leaving

4) Company Name	Telephone
Address	Employed (Month and Year) From: _____ To: _____
Name of Supervisor	Weekly Pay: Start: _____ Last: _____
State Job Title and Describe Your Work	Reason for Leaving

MISCELLANEOUS

State names of relatives and friends working for us other than your spouse:

Have you received Worker's Compensation or Disability Income Payments? Yes ___ No ___ If Yes, describe:

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record?
If yes, please explain:

List names of friends or relatives now employed by **Koko & Palenki, Inc.**

Have you ever been convicted of a crime or felony? Yes ___ No ___ If Yes, please explain:

What is the present status of your health? (Explain) Amount of time lost from work during last two years. Please explain:

Do you have any impairment that would prevent you from performing the activities involved in the job(s) for which you applied? Please explain: If there are any jobs for which you do not wish to be considered or duties you cannot perform because of physical, mental or medical disabilities. Please explain:

PERSON TO CONTACT IN CASE OF EMERGENCY

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name:	Address	Phone	Relationship to you?
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Place of Employment	Address	Phone
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We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s)	Reason:
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READ AND SIGN THE FOLLOWING

In consideration for reviewing my application, I hereby waive and release the company, and any of my former employers, and their respective employees and agents, from any claims I might have, including defamation and invasion of privacy, arising out of any verbal or written inquiries and/or any verbal or written response concerning matters related to my prior employment.

I hereby certify that I have been informed of the duties of the position for which I am applying, and that the information of this application is correct and complete to the best of my knowledge. I agree to have any of the statements checked by the company unless I have indicated the contrary. Further, I understand that falsification or omission of any material information of this application, if I receive a job offer, may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all the policies and procedures established by the employer.

I hereby authorize **Koko & Palenki, Inc.** and its agents to independently research my background, character, past employment, and education. This includes contacting references and other persons, reviewing records maintained by any of these persons, and both public and private organizations.

I hereby acknowledge that my employment is "At Will", that I may resign at any time and the employer may terminate my employment at any time, with or without cause, that any assurance of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the "At Will" employment relationship unless specifically acknowledged in writing by the President of the employer.

Date	Signature of Applicant
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