



EMPLOYMENT APPLICATION FORM

PROA IS AN EQUAL OPPORTUNITY EMPLOYER - ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY STATUS, PROTECTED VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
STREET CITY STATE ZIP

PHONE# - HOME: _____ CELL _____ OTHER _____ EMAIL _____

ARE YOU AT LEAST 18 YEARS OR OLDER? () YES () NO

IF REQUIRED, CAN YOU PROVIDE A VALID WORK PERMIT? () YES () NO

EMPLOYMENT DESIRED

POSITION DESIRED: _____

ARE YOU CURRENTLY EMPLOYED () YES () NO

IF HIRED, WHAT DAYS/HOURS ARE YOU AVAILABLE TO WORK: _____

PLS. SELECT AVAILABILITY: () OVERTIME () WEEKENDS () HOLIDAYS () AVAILABLE ANY DAY & TIME

SELECT WHICH STATUS YOU ARE SEEKING? () FULL TIME () PART TIME () TEMPORARY EMPLOYMENT

WHY ARE YOU SEEKING A NEW JOB AT THIS TIME? _____

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? () YES () NO

IF THE POSITION REQUIRES DRIVING, DO YOU HAVE A VALID DRIVER'S LICENSE? () YES () NO

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

REFERRAL SOURCE

HOW DID YOU LEARN ABOUT THIS OPPORTUNITY:

() WALK-IN () SOCIAL MEDIA () ON-LINE JOB POSTING: _____ () EMPLOYEE () RELATIVE () OTHER: _____

DO YOU KNOW ANYONE WHO WORKS FOR OUR COMPANY, IF YES, WHO? _____

HAVE YOU WORKED FOR OUR COMPANY BEFORE? () YES () NO IF YES, WHEN AND WHICH LOCATION: _____

WHAT WAS YOUR SUPERVISOR'S NAME? _____

REASON FOR LEAVING: _____



EMPLOYMENT APPLICATION FORM

GENERAL INFORMATION

ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? () YES () NO
(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED IF HIRED)

ARE YOU A VETERAN? () YES () NO IF YES, GIVE DATES OF SERVICE: FROM: _____ TO: _____

HAVE YOU BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN FROM EMPLOYER? () YES () NO

IF YES, PLS. PROVIDE COMPANY NAME AND DETAILS: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, WITH OR WITHOUT A REASONABLE ACCOMODATION? () YES () NO

IF NECESSARY, PLEASE DESCRIBE THE TYPE(S) OF REASONABLE ACCOMODATIONS THAT ARE NEEDED TO PERFORM THE JOB:

EDUCATIONAL HISTORY

HIGH SCHOOL

NAME: _____ LOCATION _____

LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? () YES () NO

COLLEGE

NAME: _____ LOCATION _____

LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? () YES () NO

TRADE / BUSINESS / GRADUATE SCHOOL

NAME: _____ LOCATION _____

LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? () YES () NO

ARE YOU GOING TO SCHOOL NOW? () YES () NO IF YES, IS IT: () DAY CLASSES () NIGHT CLASSES () BOTH

IF IN HIGH SCHOOL, ARE YOU ENROLLED IN ANY FOOD & BEVERAGE OR TOURISM COURSE(S)? () YES () NO

IF YES, LIST COURSE AND SCHOOL? () YES () NO _____

DID YOU COMPLETE THE COURSE OR PROGRAM? () YES () NO IF YES, WHAT YEAR? _____



EMPLOYMENT APPLICATION FORM

FORMER EMPLOYERS (PLEASE LIST PAST EMPLOYERS STARTING WITH THE MOST RECENT)

1. FROM: _____ TO: _____

LAST OR PRESENT EMPLOYER (NAME): _____

ADDRESS: _____ TEL. NO: _____

WAGE STARTING: _____ WAGE ENDING: _____

JOB TITLE: _____ SUPERVISOR NAME & TITLE: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

2. FROM: _____ TO: _____

EMPLOYERS NAME: _____

ADDRESS: _____ TEL. NO: _____

WAGE STARTING: _____ WAGE ENDING: _____

JOB TITLE: _____ SUPERVISOR NAME & TITLE: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

3. FROM: _____ TO: _____

EMPLOYERS NAME: _____

ADDRESS: _____ TEL. NO: _____

WAGE STARTING: _____ WAGE ENDING: _____

JOB TITLE: _____ SUPERVISOR NAME & TITLE: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

4. FROM: _____ TO: _____

EMPLOYERS NAME: _____

ADDRESS: _____ TEL. NO: _____

WAGE STARTING: _____ WAGE ENDING: _____

JOB TITLE: _____ SUPERVISOR NAME & TITLE: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____



EMPLOYMENT APPLICATION FORM

AUTHORIZATIONS AND AT-WILL EMPLOYMENT AGREEMENT

(PLEASE READ AND SIGN BELOW)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification from my dismissal from employment if discovered at a later date. I agree to immediately notify PROA if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize PROA to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to PROA and do hereby release my current and former employers from liability for providing information to PROA. Upon termination of my employment for whatever reason, I release PROA from all liability for supplying any information concerning my employment to any potential employer.

I authorize PROA, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by PROA at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between PROA and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

THANK YOU FOR YOUR INTEREST IN OUR COMPANY. YOU MAY EMAIL YOUR APPLICATION AND/ OR RESUME TO CAREERS@PROAGUAM.COM OR HAND DELIVER TO OUR TUMON RESTAURANT LOCATION.