**JOB** **APPLICATION**

**Osaka** **Market** **Place** **LLC**

**46881** **Warm** **Springs** **Blvd,** **Fremont,** **California** **94539**

**510-399-4832**

Osaka Market Place LLCis an equal opportunity employer. This application will not be used for limiting or excluding any applicant from

consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable

accommodation in the application process, he or she should contact a company representative.

*Please* *fill* *out* *all* *of* *the* *sections* *below:*

**Applicant Information**

***Applicant*** ***Name:***

***Address:***

***City,*** ***State*** ***and*** ***Zip*** ***Code:***

***Telephone*** ***Number:***

***Email*** ***Address:***

***Date*** ***of*** ***Application:***

**Employment Position**

***Position(s)*** ***applying*** ***for:***

How did you hear about this position?

What days are you available for work?

What hours or shift are you available for work?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Salary desired:

**Personal Information**

Have you ever applied to or worked for Osaka Marketplace before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for Osaka Marketplace? Yes No

If yes, state name & relationship:

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

*(Note:* *No* *applicant* *will* *be* *denied* *employment* *solely* *on* *the* *grounds* *of* *conviction* *of* *a* *criminal* *offense.* *The* *date* *of* *the* *offense,* *the*

*nature* *of* *the* *offense,* *including* *any* *significant* *details* *that* *affect* *the* *description* *of* *the* *event,* *and* *the* *surrounding* *circumstances* *and*

*the* *relevance* *of* *the* *offense* *to* *the* *position(s)* *applied* *for* *may,* *however,* *be* *considered.)*

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

*(Note:* *Osaka* *Market* *Place* *LLCcomplies* *with* *the* *ADA* *and* *considers* *reasonable* *accommodation* *measures* *that* *may* *be* *necessary*

*for* *eligible* *applicants/employees* *to* *perform* *essential* *functions.* *)*

**Education and Training**

**High** **School**

Name Location (City, State) Year Graduated Degree Earned

**College/University**

Name Location (City, State) Year Graduated Degree Earned

**Vocational** **School/Specialized** **Training**

Name Location (City, State) Year Graduated Degree Earned

**Military:**

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

***Previous Employment***

**Employer** **Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer** **Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer** **Name:**

Job Title:

\*Food Handler’s Certificate will be required upon employment depending on the department you work for.

Are you fully vaccinated? Yes[ ] No[ ]

\*\*Face masks are required to all team members at prep rooms.

What languages do you speak besides English?

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

***Additional Information:***

List an emergency contact

***AT-WILL EMPLOYMENT***

The relationship between you and the Osaka Market Place LLC is referred to as "employment at will." This means that your

employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Osaka Market

Place LLC. No representative of Osaka Market Place LLC has authority to enter into any agreement contrary to the foregoing

"employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written

statements or representations regarding your employment can alter your at-will employment status, except for a written statement

signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: Dated: