



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: LOTTE DUTY FREE GUAM considers applicants for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, or any other legally protected status.

PLEASE PRINT

Date of Application: _____

Personal Data

Last name	First	Middle Initial	Social Security No.
Street address		City	State ZIP
Home #	Cellular #	E-mail	

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work for all employers in the United States on a fulltime basis? Yes No

Have you ever applied for work with Lotte Duty Free? Yes No If yes, for what position(s): _____

Have you ever been employed with Lotte Duty Free? Yes No If yes, for what time period: _____ to _____

Are you less than 18 years of age? Yes No If yes, state age: _____ (Proof of age may be required after job offer.)

List any relatives working for Lotte Duty Free and your relationship to them? _____

Position Information

Preference of position(s) applying for: 1 st _____ 2 nd _____	Shift(s) preferred (check all that apply) <input type="checkbox"/> Only Day <input type="checkbox"/> Only Evening <input type="checkbox"/> Flexible <input type="checkbox"/> Overnight	Preferred status (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual / Seasonal
Indicate all hours available to work: Monday: From _____ to _____ Tuesday: From _____ to _____ Wednesday: From _____ to _____ Thursday: From _____ to _____ Friday: From _____ to _____	Indicate all hours available to work: Saturday: From _____ to _____ Sunday: From _____ to _____ When can you begin work? _____ What is your desired salary/wage? \$ _____	

How did you hear about this position:

- Newspaper - which paper: _____
- Website - which site: _____
- School - which school: _____

- Employee - employee's name: _____
- Walk-In _____
- Other _____

Employment History

If you are currently employed, may we contact your current employer? Yes No

If you are currently employed, why do you wish to resign? _____

Have you ever been discharged, requested to resign from employment, or resigned after you were told that you would otherwise be terminated from employment? Yes No If yes, briefly state reason for action: _____

List period(s) / gap(s) of unemployment: Period: _____ Reason: _____

Have your employment records been under another name? If so, please list all names: _____

Starting with present/most recent, list ALL previous employment for the last 10 years.

Military experience may be listed. Attach additional sheets, if necessary.

Name of Company:	FROM		TO		Work Summary	Reason For Leaving	May We Contact
	Mo	Yr	Mo	Yr	Position: Duties:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check with me first
Address:							
Contact info:	Starting Salary		Last Salary				
Name and title of immediate supervisor:							
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual							
Name of Company:	FROM		TO		Work Summary	Reason For Leaving	May We Contact
	Mo	Yr	Mo	Yr	Position: Duties:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check with me first
Address:							
Contact info:	Starting Salary		Last Salary				
Name and title of immediate supervisor:							
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual							
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	Mo	Yr	Mo	Yr	Position: Duties:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check with me first
Address:							
Contact info:	Starting Salary		Last Salary				
Name and title of immediate supervisor:							
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual							

Skills

Please check any of the following wherein you have experience or training:

- Typing ___ wpm
 10-Key Calculator ___Touch ___Sight
 Cash Register/Point of Sale System
 Computer System
 Software: (please specify) _____

If you are applying for a position that requires you to drive, do you have a valid Drivers License? Yes No

Please indicate if you can speak or read in a language other than English:

- | | | | | | | | |
|-----------|-------------------------------|--------------------------------|--------------------------------|-------------------|--------------------------------|---|---------------------------------|
| Japanese: | <input type="checkbox"/> Read | <input type="checkbox"/> Write | <input type="checkbox"/> Speak | Level of Fluency: | <input type="checkbox"/> Basic | <input type="checkbox"/> Conversational | <input type="checkbox"/> Fluent |
| Korean: | <input type="checkbox"/> Read | <input type="checkbox"/> Write | <input type="checkbox"/> Speak | Level of Fluency: | <input type="checkbox"/> Basic | <input type="checkbox"/> Conversational | <input type="checkbox"/> Fluent |
| Mandarin: | <input type="checkbox"/> Read | <input type="checkbox"/> Write | <input type="checkbox"/> Speak | Level of Fluency: | <input type="checkbox"/> Basic | <input type="checkbox"/> Conversational | <input type="checkbox"/> Fluent |
| Russian: | <input type="checkbox"/> Read | <input type="checkbox"/> Write | <input type="checkbox"/> Speak | Level of Fluency: | <input type="checkbox"/> Basic | <input type="checkbox"/> Conversational | <input type="checkbox"/> Fluent |
| _____ | <input type="checkbox"/> Read | <input type="checkbox"/> Write | <input type="checkbox"/> Speak | Level of Fluency: | <input type="checkbox"/> Basic | <input type="checkbox"/> Conversational | <input type="checkbox"/> Fluent |
| _____ | <input type="checkbox"/> Read | <input type="checkbox"/> Write | <input type="checkbox"/> Speak | Level of Fluency: | <input type="checkbox"/> Basic | <input type="checkbox"/> Conversational | <input type="checkbox"/> Fluent |

Please indicate any other special training, skills or awards received which you would like us to consider as part of your application:

Education

School Name	Location City, State	Major Course or Subject	Number of Years Attended	Did you Graduate	Diploma or Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate any other education/training:

Please list any scholarships, academic honors and special achievements:

Professional Work References

Please list three professional references who have knowledge of your qualifications. Do NOT list family members or personal friends.

Name	Occupation and Place of Business	Contact Information



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT STATEMENT, CERTIFICATION & WAIVER

Please read each statement carefully, initial each statement where indicated, and sign below:

- _____1. Pre-employment Testing. In connection with your application for employment, I understand that I may be required to undergo written pre-employment testing. If I am asked to take such a test and would like an accommodation in this testing process because of a disability, I must notify the employment interviewer at the time he or she informs me that a test is required.
- _____2. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from Lotte Duty Free Guam.
- _____3. Any offer of employment I may receive from Lotte Duty Free Guam is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require.
- _____4. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Lotte Duty Free Guam. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Lotte Duty Free Guam.
- _____5. It is my understanding that Lotte Duty Free Guam will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Lotte Duty Free Guam and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
- _____6. I understand that if I am employed, such employment is for no definite period of time unless specified by written contract (all employees are "at-will"), and that Lotte Duty Free Guam can change wages, benefits and conditions at any time. I further understand that this is an application for employment and that no employment contract is being offered.
- _____7. I understand that I am responsible for any company property I am issued and that I must return the property upon my departure from employment. I further understand I may be responsible for funds and that should these funds be unaccountable the amount, will be deducted from my paycheck.
- _____8. The nature of the work at Lotte Duty Free Guam may make the following conditions mandatory: Overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

Printed Name of Applicant

Signature of Applicant

Date

FOR COMPANY USE ONLY: Approval for hire (approval contingent upon successful completion of all pre-employment testing)	
Supervisor Approval:	Date:
Executive Approval:	Date: