We appreciate your interest in Butterfish California Poke. Butterfish is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, ancestry, sex (including pregnancy, breastfeeding, childbirth and related medical conditions), gender, gender identity or expression, religion, national origin, age (40 and over), physical or mental disability, medical condition, genetic information, sexual orientation, marital status, military or veteran status, political affiliation, status as a victim of sexual assault, domestic violence or stalking, or any other basis protected by applicable federal, state, or local laws. Butterfish also prohibits harassment of applicants or employees based on any of these protected categories.

GENERAL INFORMATION					
Please complete all requested information. Use ink and print.					
Location	Today's Date		Position Applying For		
Name (Last)	(First)	(Middle)	Minimum Salary Desired	Date Available for Work	
Street Address			Are you at least 18 years old? Yes	No	
City	State	Zip	Telephone (Home) Telephone (Work)		
			() - ()	-	
Have you ever used any other name(s) which is (are) necessary for us			Are you available to work overtime as needed?		
to know in order for us to verify your employment or educational record? Yes No			□ Yes □ No		
If yes, please provide the other name(s):			If yes, are you available weekdays?	weekends?	
PERMISSION TO WORK					
Are you authorized to work in the United States? Ves No					
WORK EXPERIENCE					

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page.

	Company Name	Telephone	
		() -	
	Address	Employed (Month	and Year)
		From	То
1	Name, Title, and Phone Number of Supervisor	Monthly Wages	
		Start	Last
	Job Title, and Work Responsibilities	Reason for Leaving:	

	Company Name	Telephone	
		() -	
	Address	Employed (Month	and Year)
		From	То
2	Name, Title, and Phone Number of Supervisor	Monthly Wages	
		Start	Last
	Job Title, and Work Responsibilities	Reason for Leaving	;:

	Company Name	Telephone	
		() -	
	Address	Employed (Month a	nd Year)
		From	То
3	Name, Title, and Phone Number of Supervisor	Monthly Wages	
		Start	Last
	Job Title, and Work Responsibilities	Reason for Leaving:	

Please explain any gaps in your employment _

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.				
Name	Occupation	Phone	Address	Years Known and Capacity

EDUCATION & TRAINING Please include name, street, city, state and zip code for each school. School Name and Location of School Number of Years Completed Degree Type of Course/Major Graduate Image: College Imag

ADDITIONAL EMPLOYMENT INQUIRIES

Essential Functions of the .	Job
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Are you able to perform the essential functions of the position? \Box Yes \Box No

If you checked no, please explain.

Emergency Contact Person

Name:

Phone Number:

CRIMINAL HISTORY INFORMATION

BEFORE answering the following question, please read the Instructions below:

Do NOT identify a record of any adult or juvenile arrest, detention or conviction that has been sealed, expunged, annulled, erased, pardoned or statutorily eradicated, set aside or otherwise dismissed by court order.

Do NOT identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away of up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana. Also, do not identify any arrest or detention that did not result in a conviction or any record of a referral to, and participation in, any pretrial or post-trial diversion program.

Please note that answering "Yes" to this question will not automatically bar you from employment. Only those crimes which are substantially related to the position you are seeking will be considered.

Have you ever been convicted of a crime? Yes 🗌 No 🗌 If you answered "Yes," please provide the following additional information:

Nature of offense:

Misdemeanor Felony Year of conviction: _____ County: _____

If you have more than one conviction, please use additional paper to provide the information requested above.

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

APPLICANT'S SIGNATURE

DATE

____ State: ____

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.