



Chef Partner Application

11949 Steele Creek Road · Charlotte, NC 28273
704.926.2200 · Fax 704.926.2201

CONTACT INFORMATION - Please print

Full Name (as shown on SS Card): _____ Preferred Name: _____

Street Address: _____

City: State: Zip: _____

Phone: _____ Fax: _____ Email: _____

SS#: _____ Driver's License #: _____ State: _____

EMPLOYMENT HISTORY - Please list most recent position first

Employer: _____ From: _____ To: _____ Salary: _____

Address: _____ Phone: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____ Salary: _____

Address: _____ Phone: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____ Salary: _____

Address: _____ Phone: _____

Reason for Leaving: _____

EDUCATION

School: _____ From: _____ To: _____

Degree Earned: _____

School: _____ From: _____ To: _____

Degree Earned: _____

Certificates Earned and Expiration Dates (ie. ServSafe): _____



QUESTIONNAIRE - If you need additional space to answer any questions, please attach a separate page.

- 1. Are you eligible to work in the United States? YES / NO
- 2. On a scale of 1-10, are you fluent in both written and spoken English? Written: _____ Spoken: _____
- 3. Have you ever been convicted of a crime? YES / NO

If yes, please explain: _____

4. Have you previously worked in the sushi industry? YES / NO If yes, please explain below.

Where: _____ From: _____ To: _____

Reason for leaving: _____

- 5. Do you have access to reliable transportation? YES / NO
- 6. Do you have experience and knowledge in food safety? YES / NO
- 7. Do you have access to email? YES / NO
- 8. Have you previously franchised any food service or sushi business? YES / NO

If yes, list those business names: _____

9. What is the name of your company / corporation, if any? _____

10. What is the EIN Number of your company / corporation, if any? _____

11. What are your long term career goals? _____

- 12. Are you only interested in locations around your area? YES / NO
- 13. Are you willing to relocate? YES / NO

If you were to relocate, list 3 cities or areas you would prefer:

1: _____ 2: _____ 3: _____

How did you hear about Hissho Sushi? _____

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Please submit completed application via email to minnhtaik@hisshosushi.com or fax to 704.926.2201 (Attn: Minn Htaik).