Application for Employment

Date:
Position Applying For:
Referred By:

GENERAL INFORMATION:

Name:	Telephone No.
Address:	Other Phone:
City/State/Zip Code	Email Address:
Aliases:	

EMPLOYMENT INFORMATION: Starting with your present or most recent employment, list all previous employers. Include self-employment, military service, summer and part-time jobs. Attach additional sheets If necessary, following the same format.

Company Info		Employment Info	Duties	Salary	Reason for Leaving
Name:		Position: _____		Starting: _____	
Address:		From: _____ To: _____		Leaving: _____	
Phone:	Supervisor:				
Company Info		**Employment Info**	**Duties**	**Salary**	**Reason for Leaving**
Name:		Position: _____		Starting: _____	
Address:		From: _____ To: _____		Leaving: _____	
Phone:	Supervisor:				

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May we contact your present employer? ____ yes ____no
EDUCATION:

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	Name of School	Address	Years attended	Degrees
High School				
College				
Other-Graduate, Trade school, etc.				
Licenses, Credentials, Certifications:				

REFERENCES (NO RELATIVES):

Name:	Occupation:
Address:	Telephone No:

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MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination or drug test, at the agency's expense and by a physician chosen by the agency with the offer of employment conditioned on the result of such examination. Employees at any time, during the course of their employment, may be required to undergo a medical or drug examination at the agency's expense and by an agency-chosen physician.

I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory tests to the agency.

Applicant's Initials: _____

Are you able to perform the essential functions of this job with or without reasonable accommodation?

____ yes ____ no

OTHER:

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Do you know anyone presently working for Hui Mālama Ola Nā ʻŌiwi? _____ yes _____no

If so, who? _____

What is your relationship? _____

WORK AUTHORIZATION:

It is the policy of Hui Mālama Ola Nā ʻŌiwi to hire only U.S. Citizens and aliens authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the Department of Homeland Security's Form I-9.)

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By signing below:

I certify that all statements made on this application and/or my resume are true and correct to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission, made herein, when discovered, will subject me to discharge. I authorize Hui Mālama Ola Nā ʻŌiwi to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the agency's consideration for employment, I hereby release Hui Mālama Ola Nā ʻŌiwi and all providers of information including, but not limited to, any of my former employers, educational institutions attended, and personal references from all liability relating to or arising out of any inquiry by the agency regarding my work history, education, character, reputation, and background.

Applicant's Initials: _____

I agree that Hui Mālama Ola Nā ʻŌiwi may inquire into and consider any criminal conviction record that I may have after making a conditional offer of employment. Hui Mālama Ola Nā ʻŌiwi may withdraw a conditional employment offer if I have a criminal conviction record that bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) will not be considered.

Applicant's Initials: _____

I understand that this application is not a contract of employment and cannot create a contract of employment for any specific period. I also understand that if I am employed, my employment is "at-will" and can be terminated at any time either by myself or the agency, with or without cause or reason and with or without notice.

Applicant's Initials: _____

_____

Applicant's Name (Print)

_____ _____

Applicant's Signature **Date**