

HO'OLA LAHUI HAWAI'I APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION:

ola Lahui Hawai`i Community Health Center	POSITION APPLYING FOR: START DATE:	
NAME:(Last, First, Middle)	TELEPHONE:()	
EMAIL:		
ADDRESS:		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED S	TATES?	
ARE YOU AT LEAST 18 YEARS OF AGE?		
ARE YOU EMPLOYED NOW? WHERE?		
IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER?_		
ARE YOU AVAILABLE TO WORK IN THE EVENINGS?	ON HOLIDAYS?	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OWITHOUT A REASONABLE ACCOMMODATION? [Refer to Job Description(s) before responding]	F THE POSITION(S) FOR WHICH YO	OU ARE APPLYING, WITH OR
EMPLOYMENT EXPERIENCE (Please list most red	cent 4 employers)	
Employer:	Employed: From:	To:
Address:		
Job Title:		
Employer:		<u></u>
Address:		
	· · ·	
Job Title:		
Work Performed:	<u> </u>	
Employer:		To:
Address:		
Job Title:		
Work Performed:		
Reason for leaving:		

Address:	Employed: From:	
loh Titlo:	Supervisor	
Work Performed:	Supervisor:	
Troubon to rouving.		
EDUCATION	11	
Name of School	1.00.0	id You aduate? Degree(s)
Grammar School		
High School		
College		
Other		
CERTIFICATION (READ CAR	ing for this company? If so, who? REFULLY BEFORE SIGNING) this application are true and complete to the best of my knowled	
CERTIFICATION (READ CAF I certify that all statements made on agree that any misrepresentation or am employed by HO'OLA LAHUI HA Except as may be noted above, I au employers and educational institutio also authorize HO'OLA LAHUI HA\ criminal conviction record for the pa- the extent permitted by law. I unde- record within the past ten years tha may be offered. Upon request, I wi record.	this application are true and complete to the best of my knowled omission of material fact is sufficient ground for cancellation of aWAI'I for immediate discharge from employment. Ithorize HO'OLA LAHUI HAWAI'I to contact and obtain informations listed, and to investigate any of the above information for pur WAI'I, if I receive a conditional offer of employment, to conduct ten years (excluding periods of incarceration), including state erstand that the purpose of such inquiry is to determine wheth the bears a rational relationship to the duties and responsibilities all sign all necessary consent forms to facilitate the inquiry into	edge. I understand and this application or, if this application or, if this application or, if the form all references rposes of verification. Buct an inquiry into my and federal checks, ther I have a conviction of the position which my criminal conviction
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