



HO'OLA LAHUI HAWAI'I APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____
POSITION APPLYING FOR: _____
START DATE: _____

NAME: _____ TELEPHONE: (____) _____
(Last, First, Middle)

EMAIL: _____

ADDRESS: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? _____

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 OF THE POSITION(S) FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? _____
[Refer to Job Description(s) before responding]

EMPLOYMENT EXPERIENCE (Please list most recent 4 employers)

Employer: _____	Employed: From: _____	To: _____
Address: _____		
Job Title: _____ Supervisor: _____		
Work Performed: _____		
Reason for leaving: _____		
Employer: _____	Employed: From: _____	To: _____
Address: _____		
Job Title: _____ Supervisor: _____		
Work Performed: _____		
Reason for leaving: _____		
Employer: _____	Employed: From: _____	To: _____
Address: _____		
Job Title: _____ Supervisor: _____		
Work Performed: _____		
Reason for leaving: _____		

Employer: _____ Employed: From: _____ To: _____
 Address: _____

 Job Title: _____ Supervisor: _____
 Work Performed: _____
 Reason for leaving: _____

EDUCATION

Name of School	Location	Years Completed	Did You Graduate?	Degree(s)
Grammar School				
High School				
College				
Other				

OTHER

Do you know anyone presently working for this company? _____ If so, who? _____

CERTIFICATION (READ CAREFULLY BEFORE SIGNING)

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of material fact is sufficient ground for cancellation of this application or, if I am employed by HO'OLA LAHUI HAWAI'I for immediate discharge from employment.

Except as may be noted above, I authorize HO'OLA LAHUI HAWAI'I to contact and obtain information from all references, employers and educational institutions listed, and to investigate any of the above information for purposes of verification. I also authorize HO'OLA LAHUI HAWAI'I, if I receive a conditional offer of employment, to conduct an inquiry into my criminal conviction record for the past ten years (excluding periods of incarceration), including state and federal checks, to the extent permitted by law. I understand that the purpose of such inquiry is to determine whether I have a conviction record within the past ten years that bears a rational relationship to the duties and responsibilities of the position which I may be offered. Upon request, I will sign all necessary consent forms to facilitate the inquiry into my criminal conviction record.

I hereby agree to hold HO'OLA LAHUI HAWAI'I and its representatives harmless and release them from liability of any kind for any statements, acts or omissions in the course and/or as a result of its investigations in connection with this application.

I also understand that if employed, I will be employed on an at-will basis and that my employment may be terminated at any time, either by me or HO'OLA LAHUI HAWAI'I, with or without cause.

Ho'ola Lahui Hawai'i is an equal opportunity employer. Employees of Ho'ola Lahui Hawai'i and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, age, religion, veteran's status, citizenship, national origin, ancestry, disability, sex, sexual orientation, arrest or court record, marital status, genetic information, gender identity or expressions, domestic or sexual violence victim status, or any other classification protected under state or federal law.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

_____ Date

_____ Signature of Applicant