



Application for Employment

Date
Job/Position you are applying for (must be filled in)
Are you able to perform the essential functions of this position with or without reasonable accommodation?

Equal Opportunity Employer: Healthcare Association of Hawaii is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

GENERAL INFORMATION:

Name	Email Address
Address	Telephone No. (Cell or Residence)
City	State Zip Code

EMPLOYMENT RECORD: STARTING WITH PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.*

Name & Address of Current or Former Employer	Dates Employed	Position & Duties	Salary	Reason for Leaving
Company Name Phone No. & Street City & State Zip	From Mo./Yr. To Mo./Yr.	Position Supervisor's Name	Start \$ End \$	
Company Name Phone No. & Street City & State Zip	From Mo./Yr. To Mo./Yr.	Position Supervisor's Name	Start \$ End \$	
Company Name Phone No. & Street City & State Zip	From Mo./Yr. To Mo./Yr.	Position Supervisor's Name	Start \$ End \$	
Company Name Phone No. & Street City & State Zip	From Mo./Yr. To Mo./Yr.	Position Supervisor's Name	Start \$ End \$	

MISCELLANEOUS:

May we contact your current employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you know anyone presently working for our company? _____ If so, who? _____
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REFERENCES: (Not relatives)

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

EDUCATION:

Education	Name of School	Address	No. of Yrs. Attended	Degrees
High School				
College				
Other (graduate school, trade school, etc.)				

NOTE:

It is the policy of this Company to hire only U. S. citizens and aliens who are 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 U.S. Immigration and Naturalization Service's Form I-9.)

ACKNOWLEDGMENT AND CERTIFICATION:

By signing below, I certify that all statements made on this application are true and complete 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, may subject me to discharge. I authorize the Healthcare Association of Hawaii 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 Healthcare Association of Hawaii's consideration of my application for employment, I hereby release the Healthcare Association of Hawaii 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 Healthcare Association of Hawaii regarding my work history, education, character, reputation, and background.

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 Healthcare Association of Hawaii expense and by a Healthcare Association of Hawaii-chosen physician, 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 Healthcare Association of Hawaii expense and by a Healthcare Association of Hawaii-chosen physician. I agree to provide the Healthcare Association of Hawaii with any authorization or release which may be required for a pre-employment medical examination or drug test.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Healthcare Association of Hawaii, with or without cause or reason and with or without notice. Only Executive Management is authorized to modify the Healthcare Association of Hawaii's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and Executive Management.

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

Applicant Signature

Application Date