

Hanahauoli School

1922 Makiki Street
Honolulu, Hawaii 96822
Phone: (808) 949-6461 Fax: (808) 941-2216

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to the School and only for the desired position.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE ZIP
DO YOU MEET THE MINIMUM AGE REQUIREMENT SET BY LAW FOR THE DESIRED POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES [NOTE: If offered employment you will be required to submit documentation required by IRCA.] <input type="checkbox"/> NO	

DESIRED EMPLOYMENT

DESIRED POSITION*	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN PROVIDED WITH THE JOB DESCRIPTION OF THE DESIRED POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
WHO REFERRED YOU TO THIS SCHOOL? <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

*NOTE: If hired, you will be required to perform work as required by the School.

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

FORMER EMPLOYERS

*LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.
FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY.*

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE
NAME OF SUPERVISOR	TITLE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK			EMPLOYER'S PHONE NUMBER
REASON(S) FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE
NAME OF SUPERVISOR	TITLE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK			EMPLOYER'S PHONE NUMBER
REASON(S) FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE
NAME OF SUPERVISOR	TITLE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK			EMPLOYER'S PHONE NUMBER
REASON(S) FOR LEAVING			

REFERENCES

*GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO,
WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND WHOM WE CAN CONTACT.*

	NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1				
2				
3				

JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

SUMMARIZE YOUR JOB SKILLS, TRAINING AND/OR STUDY THAT ARE RELEVANT FOR THE DESIRED POSITION. ALSO, EXPLAIN ANY PERIODS THAT YOU WERE NOT WORKING. USE ADDITIONAL PAPER IF NECESSARY.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of the School. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the Head of School and Director of Finance & Operations has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the Head of School or Director of Finance & Operations, and I will not rely upon anything else.
- D. I understand and agree that the School may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the School with any information (including fact or opinion) they may have regarding me. In consideration of the School's review of this application, I release the School and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the School, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the School. If employed by the School, I further authorize the School to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the School for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the School, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the School. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to

the School in accordance with state and/or federal laws. The School will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the School with any additional consent(s) and/or release(s) as required by the School to investigate my employment application.

F. The School shall inquire into and consider any criminal conviction record to determine whether you are suited to work in close proximity with young children.

G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the School if I am employed by the School.

Authorization/Signature of applicant:

_____ Date: _____