



HALE NA'AU PONO
Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Highway
Wai'anae, Hawaii 96792
Telephone: (808) 696-4211 FAX: (808) 696-5516

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Please note that all staff and employees are subject to periodic, random, and/or "for cause" drug testing as provided by the Policies and Procedures of this agency.

(PLEASE PRINT CLEARLY)

POSITION APPLIED FOR:		DATE OF APPLICATION:	
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET ADDRESS:		CITY:	STATE: ZIPCODE:
TELEPHONE NUMBER(S):			SOCIAL SECURITY NUMBER:

Yes No Are you currently employed?

Yes No May we contact your present employer?

Yes No Can you, after employment, submit verification of your legal right to work in the United States? (Proof of citizenship or immigration status will be required upon employment.)

Yes No Are you physically or otherwise able to perform the duties of the job for which you are applying with or without reasonable accommodations?

Yes No Can you work flexible hours, including evenings, if required?

Yes No Do you have a valid Hawaii State driver's license and access to an automobile with proper no-fault insurance?

On what date would you be available to work? _____

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EMPLOYMENT EXPERIENCES:

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations that may reveal race, color, religion, gender, national origin, handicap, or other protected status.

Employer:	Address:
Employment Start Date:	Employment End Date:
Supervisor Name:	Phone:
Job Title:	Hourly Rate/Salary: Start: Final:
Description of Work Performed:	

Employer:	Address:
Employment Start Date:	Employment End Date:
Supervisor Name:	Phone:
Job Title:	Hourly Rate/Salary: Start: Final:
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Employer:	Address:
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Employer:	Address:
Employment Start Date:	Employment End Date:
Supervisor Name:	Phone:
Job Title:	Hourly Rate/Salary: Start: Final:
Description of Work Performed:	

If you need additional space, please continue on a separate sheet of paper.

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EDUCATION:

	School Name and Location	Years Completed
High School/G.E.D.		
Undergraduate College / University		
Graduate / Professional		
Diploma / Degrees		

Transcript of post-secondary education will be required upon employment.

Describe any specialized training, skills, and extra-curricular activities:

Describe any honors you have received:

Indicate second languages you can speak, read, and/or write:

	Fluent	Good	Fair
Speak			
Write			
Read			

List professional, trade, business or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

REFERENCES:

Give three references who are not related to you and who are not previous employers:

	Name	Address	Phone Number
1.			
2.			
3.			

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ADDITIONAL INFORMATION:

APPLICANT'S SIGNATURE:

Please read, understand, and initial each statement before signing your application:

Initial

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

Initial

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provided information for this purpose.

Initial

This application will expire in 45 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

Initial

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date

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