

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please complete all portions of this employment application to be considered for employment at Family Health ("Company"). 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 Hawaii and federal laws. This employment application is valid for a three-month period after submission and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary, to fully answer any questions.

### Personal Information

Name _____			Date _____	
Last	First	Middle		
Address _____			City	State
			Street	Zip Code
Telephone # _____	Cellular/Other Phone # _____	E-mail Address _____		
Can you, upon employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever used other names? Is so, please print (For background and criminal conviction check): <input type="checkbox"/> N/A				

### Employment Interest

Position(s) applied for \_\_\_\_\_ Start Date \_\_\_\_\_

Location:  Liliha Healthcare Center  Nuuanu Hale Type of employment desired:  Full-Time  Part-Time  Casual

Have you submitted an application here before?  Yes  No If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Apart from religious observances, will you be able to work all other times?  Yes  No

If no, please explain: \_\_\_\_\_

Will you work overtime if required?  Yes  No If no, please explain: \_\_\_\_\_

Who referred you?

Employee \_\_\_\_\_  Advertisement  Website  Government Employment Agency

Friend \_\_\_\_\_  Job Fair  Walk-in  Other \_\_\_\_\_

Have you ever entered into an agreement with any former employer or other party (such as noncompetition agreement) that might, in any way, restrict your ability to work for our company?  Yes  No

If yes, please explain: \_\_\_\_\_

*\* If hired, you will be required to perform work as required by the Company.*

### Educational Background

Level	School (including city and state)	Did you graduate?	Degree/certificate received; subjects studied
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Email	# of Years Known

## Employment History

Please account for the past five years, starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates Employed	Month	Year	Month	Year
Street Address		City		State		
Starting Job Title/Final Job Title						
Immediate Supervisor and Title (for most recent position held)				May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize the type of work performed and job responsibilities.						
Reason(s) for leaving:						
If you were terminated or asked to resign, please explain:						

Employer	Telephone #	Dates Employed	Month	Year	Month	Year
Street Address		City		State		
Starting Job Title/Final Job Title						
Immediate Supervisor and Title (for most recent position held)				May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize the type of work performed and job responsibilities.						
Reason(s) for leaving:						
If you were terminated or asked to resign, please explain:						

Employer	Telephone #	Dates Employed	Month	Year	Month	Year
Street Address		City		State		
Starting Job Title/Final Job Title						
Immediate Supervisor and Title (for most recent position held)				May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize the type of work performed and job responsibilities.						
Reason(s) for leaving:						
If you were terminated or asked to resign, please explain:						

Employer	Telephone #	Dates Employed	Month	Year	Month	Year
Street Address		City		State		
Starting Job Title/Final Job Title						
Immediate Supervisor and Title (for most recent position held)				May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize the type of work performed and job responsibilities.						
Reason(s) for leaving:						
If you were terminated or asked to resign, please explain:						

## Employment Gaps

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (check appropriate boxes. Indicate software titles and years of experience.)

- |  |        |                                    |        |
|--|--------|------------------------------------|--------|
| <input type="checkbox"/> Electronic Medical Records: | Years: | <input type="checkbox"/> E-mail:   | Years: |
| <input type="checkbox"/> Word Processing:            | Years: | <input type="checkbox"/> Internet: | Years: |
| <input type="checkbox"/> Spreadsheet:                | Years: | <input type="checkbox"/> Other:    | Years: |
| <input type="checkbox"/> Presentations:              | Years: | <input type="checkbox"/> Other:    | Years: |

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong? Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

## Application Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employee or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and not question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I may be required to submit to drug testing and a post-offer medical examination as part of my application for employment. I may be required to submit to a medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician or laboratory conducting such examination to disclose the results of the examination to the Company in accordance with state and/or federal laws. The Company will keep such results confidential unless allowed/required by law.

The Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_