



All items on application must be completed, even if resume is included.

DATE:

Thank you for your interest in our company. You must properly complete ALL portions of this employment application to be considered for employment at the Company. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. This Company is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, protected veteran status, arrest and court record, sexual orientation, gender identity or other protected categories in accordance with state and federal laws.

PLEASE PRINT (If additional space is required, attach separate sheet)

PERSONAL INFORMATION

Form with fields for NAME (Last, First, Middle), TELEPHONE NO., STREET ADDRESS, MAILING ADDRESS, ALTERNATE TELEPHONE NO., CITY, STATE, ZIP CODE, and EMAIL ADDRESS (OPTIONAL).

- A. Are you a U.S. Citizen or are you legally authorized to work in the U.S.?
B. How did you hear about this position?
C. Have you previously applied for a job with this Company?
D. Have you previously worked at this Company?
E. Do you have friends or relatives working for the Company?
F. Position for which you are applying
G. Date available to start: Preferred Schedule: Status:

EDUCATION/TRAINING

Table with columns for Elementary School, High School, Undergraduate College/University, and Graduate/Professional, and rows for School Name/Location, Years Completed, Diploma/Degree, and Describe Course of Study.

# EMPLOYMENT RECORD

(List present or most recent employer first. Please list all employers for at least past 10 (ten) years and account for any periods that you were NOT working. Failure to disclose all information and/or falsification will invalidate this employment application and lead to termination of employment. Please note name worked under if different from current name. If additional space is required, attach sheet.)

Company Name		Telephone No.	List Your Job Duties
Mailing Address		DATEEMPLOYED (Month/Year to Month/Year)	
City, State, Zip Code		From: To:	
Your Job Title	Supervisor		
Reason for Leaving		Hours worked per week	
Company Name		Telephone No.	List Your Job Duties
Mailing Address		DATEEMPLOYED (Month/Year to Month/Year)	
City, State, Zip Code		From: To:	
Your Job Title	Supervisor		
Reason for Leaving		Hours worked per week	
Company Name		Telephone No.	List Your Job Duties
Mailing Address		DATEEMPLOYED Month/Year to Month/Year	
City, State, Zip Code		From: To:	
Your Job Title	Supervisor		
Reason for Leaving		Hours worked per week	
Company Name		Telephone No.	List Your Job Duties
Mailing Address		DATEEMPLOYED (Month/Year to Month/Year)	
City, State, Zip Code		From: To:	
Your Job Title	Supervisor		
Reason for Leaving		Hours worked per week	
Company Name		Telephone No.	List Your Job Duties
Mailing Address		DATEEMPLOYED (Month/Year to Month/Year)	
City, State, Zip Code		From: To:	
Your Job Title	Supervisor		
Reason for Leaving		Hours worked per week	



**CERTIFICATION/CONSENT & RELEASE  
(PLEASE READ CAREFULLY BEFORE SIGNING)**

1. I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.
2. If employed by the Company, I agree to conform to the guidelines and policies of the Company and understand and agree that those guidelines and policies may be changed by Hale Makua Health Services at any time with or without notice. I also understand that **MY EMPLOYMENT IS "AT-WILL" AND CAN BE TERMINATED AT ANYTIME EITHER BY MYSELF OR THE COMPANY, WITH OR WITHOUT CAUSE OR REASON AND WITH OR WITHOUT NOTICE.** I further agree that I have not been promised continuing employment and that no representations have been made that I will be retained for any term of employment.
3. I understand and agree that only the C.E.O. of the Company 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 and such an agreement must be in writing and signed by the C.E.O.
4. I consent to and authorize the Company to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Company with any information of any sort (including fact or opinion) they may have regarding me. I further authorize the Company, if applicable to the position applied for, to conduct a background check with any state nursing assistant registry or licensing agency. I further authorize any state registry or licensing agency to release the results of the checks to the Company or its agent. In consideration of the Company's review of this application, I release the Company, its employees, and/or agents and all providers of any information from any liability as a result of furnishing and receiving this information. I further release Hale Makua Health Services against any liability which may result from any investigation of my background.
5. I understand and agree that I will be subject to a post-employment-offer criminal background check in accordance with state and federal laws.
6. I understand and agree that I will be required to submit to drug testing and a complete health evaluation, 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 Company, provided that such examination is job related and consistent with business necessity. The cost of such examination will be paid by the Company. 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 Company in accordance with state and federal laws. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application and my background.
7. I understand and agree the foregoing consent, authorization and release which I have made shall be irrevocable during the period of my employment should I be hired by Hale Makua Health Services.
8. I understand that this application will only be considered for six (6) months. I understand that if I have not been hired within six (6) months of completing this application, and I still wish to be considered for employment, I must complete another application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization/Signature of Applicant

\_\_\_\_\_  
Parent/Guardian signature if under 18 years

\_\_\_\_\_  
Date