



HO'OLA LĀHUI HAWAI'I  
KAUA'I COMMUNITY HEALTH CENTER  
**Application for Employment**

Application Date: \_\_\_\_\_  
Position: \_\_\_\_\_  
Available Start Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Prefix \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**ELIGIBILITY AND AVAILABILITY**

Are you legally authorized to work in the United States?  Yes  No    Are you at least 18 years of age?  Yes  No  
Are you able to perform the essential functions listed in the Job Description(s) of the position(s) for which you are applying with or without reasonable accommodation?  Yes  No  
Are you employed now?  Yes  No    Place of Employment: \_\_\_\_\_  
If employed, may we inquire with your present employer?  Yes  No    Employer Phone Number: \_\_\_\_\_

**EMPLOYMENT HISTORY (Please list (4) most recent employers)**

EMPLOYER \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Peformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Peformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Peformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Peformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## EDUCATION

Name of School	Location	Years Completed	Did you graduate?	Degree(s)

## OTHER

Do you know anyone presently working for this company?  Yes  No **If yes, who?** \_\_\_\_\_

## CERTIFICATION (Read Carefully Before Signing)

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of material fact is sufficient grounds for cancellation of this application or, if I am employed by HO'OLA LĀHUI HAWAI'I, for immediate discharge from employment.

Except as may be noted above, I authorize HO'OLA LĀHUI HAWAI'I to contact and obtain information from all references, employers, and educational institutions listed, and to investigate any of the above information for purposes of verification. I understand that HO'OLA LĀHUI HAWAI'I and its representatives will make good faith efforts to verify the information provided, and I release them from liability for good faith efforts to verify information provided in connection with this application.

I further understand that, if I receive a conditional offer of employment, HO'OLA LĀHUI HAWAI'I may conduct an inquiry into my criminal conviction record for the past ten years (excluding periods of incarceration), as permitted under Hawai'i Revised Statutes §378-2.5. I understand that the purpose of such inquiry is to determine whether I have a conviction record within the past ten years that bears a rational relationship to the duties and responsibilities of the position for which I may be offered employment. Upon request, I will sign all necessary consent forms to facilitate such inquiry.

I understand that if employed, my employment will be on an at-will basis and may be terminated at any time, either by me or HO'OLA LĀHUI HAWAI'I, with or without cause and with or without notice. Nothing in this application or any other document shall be construed as creating a contract of employment.

HO'OLA LĀHUI HAWAI'I is an equal opportunity employer. Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, age, religion, pregnancy, veteran status, military status, citizenship, national origin, ancestry, disability, sex, sexual orientation, gender identity or gender expression, arrest or court record, marital status, genetic information, domestic or sexual violence victim status, or any other classification protected under applicable state or federal law.

Applicants requiring reasonable accommodation in the application process should notify HO'OLA LĀHUI HAWAI'I so that appropriate arrangements may be made.

**I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_