

APPLICATION FOR EMPLOYMENT

03/18/09

This practice is an Equal Opportunity Employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry, disability, or veteran status.

PERSONAL INFORMATION

Date: _____

Full Name: _____

Social Security No. : _____

Street Address: _____

City, State, ZIP: _____ Email: _____

Home Phone: () _____ Work Phone: () _____

List other name(s) under which you were employed: _____

Are you at least 18 years of age? Yes No Typing words per minute: _____

Hawaii Drivers License? Yes No Transportation for work? Yes No

Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Would you require any special accommodation to perform the job for which you are applying? Yes No

Have you ever been convicted of a crime or plead "guilty" to a criminal charge? Yes No

If yes, please specify what the offense was, where and when it occurred: _____

(Criminal convictions are not an absolute bar to employment and will only be considered in relation to job requirements.)

Do you currently smoke tobacco? Yes No

Have you taken illegal drugs in the last 30 days? Yes No Will you agree to take a drug test upon request? Yes No

Are you currently covered by any health insurance? Yes No

If yes what company are you covered by? Health _____ Drugs _____

If offered employment, is a six month trial period acceptable? Yes No

Will you accept 3-4 day work weeks approx 8:15am-5:45pm? Yes No

EMPLOYMENT INTEREST

Position desired: _____ Hourly pay desired: _____

Date available for employment: _____ Schedule desired: Full Time Part Time

Can you work 4:30pm and holidays if required: Yes No Can you work weekends if required? Yes No

EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	Last Year Completed	Did You Graduate?	Grade Average
High					
Trade/Business					
College					
Other					
Other special training or skills: _____					

EMPLOYMENT HISTORY (List below last three employers, starting with most recent first.)

This section must be completed even if you have attached a resume.

May we contact the employers listed below: Yes No

If no, indicate which: _____

Employer Name:		Employed (state Month and Year): From: To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work: Supervisor's Name:		Reason for Leaving:

Employer Name:		Employed (state Month and Year): From: To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work: Supervisor's Name:		Reason for Leaving:

Employer Name:		Employed (state Month and Year): From: To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work: Supervisor's Name:		Reason for Leaving:

Do you have any commitments to any of these employers that would limit your activities with this practice?

Yes No If yes, please explain: _____

Explain why you feel you are a good candidate for this position: _____

I certify that the answers given herein are true and complete and I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. Additionally, if employed, any misrepresentation or omission of facts, whenever discovered, is cause for immediate discharge without notice. I grant permission to use any information in this application to verify my statements, and I release all involved parties from any and all liability from the investigation and verification of this information.

Signature _____

Date _____