APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

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.

Date:							
Full Name: Social Security No. :							
Street Address:							
City, State, ZIP:	City, State, ZIP: Email:						
Secondary Contact Name: Secondary Contact Relationship:							
Secondary Contact Em	nail:						
Home Phone: () Work Phone: ()							
List other name(s) under which you were employed:							
Are you at least 18 year	rs of age?	Typing words per minute: _					
Hawaii Drivers License	e?	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?							
Would you require any special accommodation to perform the job for which you are applying?				□ 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 smok	te 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 p			y desired:				
Date available for empl		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							
EDVICATIVON AND TO ANNAVO							
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 In this section must be completed even if you have attached a remainded when the contact the employers listed below:		s, starting with most recent first.)			
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:	Reason for Leaving:				
Supervisor's Name:					
Employer Name:	Employed (state Month and Year): From: To:				
Address:	Telephone No.	Rate of Pay:			
State Job Title and Describe Your Work:	Reason for Leaving:				
Supervisor's Name:					
Employer Name:	Employed (state Month and Year): From: To:				
Address:	Telephone No.	Rate of Pay:			
State Job Title and Describe Your Work:	Reason for Leaving:				
Supervisor's Name:					
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			