



NURSING FACILITY & ADULT DAY HEALTH CENTER

45-181 Waikalua Road • Kaneohe, Hawaii 96744 • (808) 247-8558 • Fax: (808) 247-4115

Reviewed:
Date:
Position / Shift you are applying for: (Must be filled in)

Application for Employment

GENERAL INFORMATION:

Name		Social Security No.	
Address		City	State Zip Code
Email Address		Telephone:	Cellular:

EMPLOYMENT RECORD: STARTING WITH present of MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if necessary, following the same format.

Name & Address of Former Employer		Dates Employed	Position & Duties	Salary	Reason for Leaving
Company Name	Phone	From To Mo/Yr Mo/Yr		Starting	
No. & Street				\$ _____	
City & State	Zip			Leaving	
			Supervisor's Name	\$ _____	
Company Name	Phone	From To Mo/Yr Mo/Yr		Starting	
No. & Street				\$ _____	
City & State	Zip			Leaving	
			Supervisor's Name	\$ _____	
Company Name	Phone	From To Mo/Yr Mo/Yr		Starting	
No. & Street				\$ _____	
City & State	Zip			Leaving	
			Supervisor's Name	\$ _____	
Company Name	Phone	From To Mo/Yr Mo/Yr		Starting	
No. & Street				\$ _____	
City & State	Zip			Leaving	
			Supervisor's Name	\$ _____	
Company Name	Phone	From To Mo/Yr Mo/Yr		Starting	
No. & Street				\$ _____	
City & State	Zip			Leaving	
			Supervisor's Name	\$ _____	
Company Name	Phone	From To Mo/Yr Mo/Yr		Starting	
No. & Street				\$ _____	
City & State	Zip			Leaving	
			Supervisor's Name	\$ _____	

REFERENCES: (Not relatives)

Name	Occupation
Address	Telephone No
Name	Occupation
Address	Telephone No

EDUCATION:	Name of School	Address	No. of Yrs. Attended	Degrees
Elementary				
Jr. High/ Intermediate				
High School				
College				
Other (trade School, etc.)				

MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician.

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____ Applicant's initials _____

OTHER:

Do you know anyone presently working for our company? _____ If so, who? _____

Referred By? _____

How did you find out about this position? Newspaper Career Builders Other (pls. specify)

NOTE:

It is the policy of this Company to hire only U.S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

_____ Application Date

_____ Applicant's Signature