

Waikiki Health is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

Application for Employment

Date: _____

Position you are applying for (*must be filled in*): _____

Are you able to perform the essential functions of this position with or without reasonable accommodation? Yes No

Personal Information

First Name: _____ Last Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

Email: _____

Employment Record

Starting with most recent employment history, going back 10 years. List all previous employers, include self-employment, military service, temporary jobs, and part-time jobs. Please attach additional sheets if necessary, following the same format.

Employer Name: _____ Position: _____

Address: (street/city/state/zip) _____

Phone: _____ Employed: From (mm/yy) _____ To (mm/yy) _____

Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer Name: _____ Position: _____

Address: (street/city/state/zip) _____

Phone: _____ Employed: From (mm/yy) _____ To (mm/yy) _____

Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer Name: _____ Position: _____

Address: (street/city/state/zip) _____

Phone: _____ Employed: From (mm/yy) _____ To (mm/yy) _____

Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer Name: _____ Position: _____

Address: (street/city/state/zip) _____

Phone: _____ Employed: From (mm/yy) _____ To (mm/yy) _____

Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Do you know anyone working at Waikiki Health, including relatives? Yes No If yes, who? _____

Professional References: (Not relatives)

Name: _____ Occupation: _____
Email address: _____ Phone: _____

Name: _____ Occupation: _____
Email address: _____ Phone: _____

Education: (Include graduate school, trade school, etc.)

High School: _____ Graduation Year: _____
Address: _____

College: _____ Years Attended: _____ Degree(s): _____
Address: _____

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Address: _____

Note:

It is the policy of Waikiki Health 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 1-9.)

Acknowledgment and Certification

By signing below, 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 made herein, when discovered, may subject me to discharge. I authorize Waikiki Health to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for Waikiki Health's consideration of my application for employment, **I hereby release Waikiki Health and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by Waikiki Health regarding my work history, education, character, reputation, and background.**

Initial: _____

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Waikiki Health expense and by a Waikiki Health-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 (or drug) examination at Waikiki Health expense and by a Waikiki Health-chosen physician. I agree to provide Waikiki Health with authorization or release which may be required for a pre-employment medical examination or drug screen.

Initial: _____

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or Waikiki Health, with or without cause or reason and with or without notice. Only the Chief Executive Officer is authorized to modify Waikiki Health's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.

This application will only be considered for six months. I understand that if I have not been hired within six months of completing this application, and I still wish to be considered for employment, I must complete another application.

Applicant Signature

Application Date