

Application For Employment

Kona Association for Retarded Citizens
 dba The Arc of Kona
 P. O. Box 127 Kealahou, HI 96750
 Telephone: (808) 323-2626 Fax: (808) 323-9444

INSTRUCTIONS: Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this Application for Employment, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the desired position.

(PLEASE PRINT)

PERSONAL INFORMATION

NAME (Last, First, Middle)		
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal history check)		
PRESENT ADDRESS		
CITY		STATE ZIP
PHONE	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER. CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(NOTE: If offered employment, you will be required to submit documentation required by IRCA)</small>	
CELL		
EMAIL		

DESIRED EMPLOYMENT

DESIRED EMPLOYMENT*	DATE YOU CAN START	SALARY DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Employment Office <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

* NOTE: If hired, you will be required to perform work as required by the Company.

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

FORMER EMPLOYERS

Please account for the last ten years of employment.
FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY

NAME OF PRESENT OF LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES	
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	IF NO, WHY NOT? EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING			

NAME OF PRESENT OF LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLES	
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	IF NO, WHY NOT? EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK			
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WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	IF NO, WHY NOT? EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING			

NAME OF PRESENT OF LAST EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

STARTING DATE

DATE LAST WORKED

JOB TITLES

WEEKLY STARTING SALARY/HOURLY RATE

WEEKLY FINAL SALARY/HOURLY RATE

MAY WE CONTACT YOUR SUPERVISOR?
 YES NO

NAME OF SUPERVISOR

TITLE

IF NO, WHY NOT?
EMPLOYER'S PHONE NUMBER

DESCRIPTION OF WORK

REASON(S) FOR LEAVING

REFERENCES

GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND WHOM WE CAN CONTACT.

NAME

ADDRESS

YEARS
KNOWN

PHONE NUMBER

NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER

JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

SUMMARIZE YOUR JOB SKILLS, TRAINING AND/OR STUDY THAT ARE RELEVANT FOR THE DESIRED POSITION. ALSO, EXPLAIN ANY PERIODS THAT YOU WERE NOT WORKING. USE ADDITIONAL PAPER IF NECESSARY.

Large empty box for summarizing job skills, training, and employment gaps.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the Executive Director of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations.
- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. I agree that the Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
- H. I understand and agree that all of the forgoing terms and conditions will become part of my employment relationship with the Company, if I am employed by the Company.

Authorization/Signature of Applicant

Date

EMPLOYMENT APPLICATION ARBITRATION AGREEMENT

In exchange for the Company's consideration of my application for employment and to avoid the delay and expense involved in litigation before state or federal courts, the Company and I understand and agree that any claim or dispute arising out of or relating to my recruitment, hiring, employment, employment benefits, or termination from employment with Company shall be subject to final and binding arbitration, pursuant to the Federal Arbitration Act 9, U.S.C. §1 et seq. and the Hawaii Arbitration Act. Claims which must be arbitrated under this Agreement include, but are not limited to: (1) any and all claims based on common law, whether in tort or contract; (2) any employment discrimination, harassment, or retaliation claims based on federal or state law including, but not limited to Title VII, ADEA and ADA; (3) claims for violation of the Family Medical Leave Act; (4) claims for violation of the Fair Labor Standards Act; (5) claims for whistle blowing or violation of public policy; (6) claims based on state or federal statute; (7) any claim based on any state or federal constitutional provision; and (8) any amendments or modifications to such laws. The arbitration of any dispute under this Agreement shall be conducted under the then existing National Rules for the Resolution of Employment Disputes of the American Arbitration Association.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Date of Interview _____

Remarks

Interviewer

Date

Employed

Yes

No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

By _____

Name and Title

Date

NOTES

