



APPLICATION FOR EMPLOYMENT

3989 Diamond Head Road, Honolulu, Hawaii 96816

Phone (808) 737-7995 Fax (808) 441-3638 www.thearcinhawaii.org

Thank you for your interest in our organization. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. This organization is an equal employment employer; we do not discriminate on the basis of age, sex (including gender identity or expression), citizenship, credit history, domestic or sexual violence victim status, veteran/military status, genetic information, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, or other protected categories in accordance with state and federal laws.

Directions: Please print. You must properly complete ALL required portions of this employment application to be considered for employment. All applicants must complete sections 1, 2, 3, and 4 and any other applicable section. If additional space is required, attach sheet.

1. PERSONAL INFORMATION

A. _____
NAME (LAST) (FIRST) (MIDDLE INITIAL)

B. _____
ADDRESS (STREET) (CITY) (STATE) (ZIP)

C. _____
(HOME PHONE) (CELL PHONE) (WORK PHONE) (E-MAIL ADDRESS)

D. Position for which you are applying _____
Note: If hired, you will be required to perform work as required by The Arc in Hawaii.

E. Are you looking to work Full time or Part time? _____

F. Salary Expectation _____

G. Are you legally authorized to work in the U.S.?
 YES (Note: If offered employment, you will be required to submit documentation as required by the 1986
 NO Immigration Reform and Control Act)

H. How were you referred to The Arc in Hawaii? (please be specific) _____

I. Do you know anyone working for The Arc in Hawaii?
 YES If yes, who? _____
 NO

J. Have you previously applied for a job with for The Arc in Hawaii?
 YES If yes, when? _____
 NO

K. Have you previously worked at The Arc in Hawaii?

YES If yes, when? _____
 NO Reason for leaving: _____

L. Are you Hawaii Visions certified? (Not applicable if applying for administrative related position)

YES Name of agency certified with: _____ Date certified: _____
 NO

2. EDUCATION/TRAINING

| | High School | Undergraduate College University | Graduate/ Professional | Technical/Trade |
|------------------------------------|-------------|-------------------------------------|---------------------------|-----------------|
| School Name & Location | | | | |
| Number of Years Years Completed | | | | |
| Diploma/Degree or Certificate | | | | |
| Describe Course of Study | | | | |

3. EMPLOYMENT RECORD (List most recent employer first. Please list all employers for at least the past 10 years and account for any periods that you were **NOT** working. **Failure to disclose all information and/or falsification will invalidate this employment application and if hired, will lead to termination of employment.** If additional space is required, please attach sheet.)

| | | |
|--------------------|---------------------------------|-----------------|
| Employer | Dates of Service (M/Yr to M/Yr) | Your Job Title |
| Address | Telephone Number(s) | Supervisor Name |
| | | |
| Work Performed | | |
| Reason for Leaving | | |
| | | |

| | | |
|--------------------|---------------------------------|-----------------|
| Employer | Dates of Service (M/Yr to M/Yr) | Your Job Title |
| Address | Telephone Number(s) | Supervisor Name |
| | | |
| Work Performed | | |
| Reason for Leaving | | |
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|--------------------|---------------------------------|-----------------|
| Employer | Dates of Service (M/Yr to M/Yr) | Your Job Title |
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| Reason for Leaving | | |
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| | | |
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| Employer | Dates of Service (M/Yr to M/Yr) | Your Job Title |
| Address | Telephone Number(s) | Supervisor Name |
| | | |
| Work Performed | | |
| Reason for Leaving | | |
| | | |

SPECIAL SKILLS AND QUALIFICATIONS / EMPLOYMENT GAPS

Summarize special job-related skills and qualifications acquired from employment, volunteer work or other special training and experience. Also, explain any periods that you were not working.

What training or experience do you have working with persons with intellectual and/or developmental disabilities? _____

4. REFERENCES: (not relatives)

| | |
|---------|---------------|
| Name | Occupation: |
| Address | Telephone No. |
| Name | Occupation: |
| Address | Telephone No. |
| Name | Occupation: |
| Address | Telephone No. |

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions made herein, when discovered, may subject me to disqualification from further consideration or for dismissal from employment.
- B. I understand that 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 the Company, with or without cause or reason and with or without notice. Only the President/CEO is authorized to modify the Company’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 President/CEO.
- C. I consent to and authorize The Arc in Hawaii to make a full and complete investigation of my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company’s consideration of my application for employment, I hereby release the Company 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 the Company regarding my work history, education, character, reputation, and background.
- D. I understand and agree that, after an offer of employment is made but before employment duties begin, I may be required to submit to a drug testing and a complete medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the results of such examination. I also understand and agree that if I am employed with The Arc in Hawaii, I may be required to submit to a drug test or medical examination at Company expense and by a Company-chosen physician. I agree to provide The Arc in Hawaii with any authorization or release which may be required for a pre-employment medical examination or drug test. The Arc in Hawaii will keep such results confidential and disclose the results only to persons who need to know or where required by law.
- E. I understand that this application will only be considered for three months. I understand that if I have not been hired within three months of completing this application and I still wish to be considered for employment, I must complete another application.
- F. I understand and agree that if I am employed with The Arc in Hawaii, all of the foregoing terms and conditions will become part of my employment relationship with the organization.

Applicant Signature

Date