



Application for Employment

Date
Job/Position you are applying for. (Required)
How did you hear about this position? Please indicate Job Board/website if applicable.

GENERAL INFORMATION:

Name			
Street Address			Telephone No.
City	State	Zip Code	Email Address

EMPLOYMENT RECORD: STARTING WITH present or 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	Reason for Leaving
Company Name	Phone	From Mo/Yr.	To Mo/Yr.	Supervisor's Name If this is your current employer, may we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. & Street					
City & State	Zip				
Company Name	Phone	From Mo/Yr.	To Mo/Yr.	Supervisor's Name May we contact this supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. & Street					
City & State	Zip				
Company Name	Phone	From Mo/Yr.	To Mo/Yr.	Supervisor's Name May we contact this supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. & Street					
City & State	Zip				
Company Name	Phone	From Mo/Yr.	To Mo/Yr.	Supervisor's Name May we contact this supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. & Street					
City & State	Zip				
Company Name	Phone	From Mo/Yr.	To Mo/Yr.	Supervisor's Name May we contact this supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. & Street					
City & State	Zip				



AUTHORIZATION OF INFORMATION RELEASE FORM

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.

I hereby consent to and authorize Easter Seals Hawaii to make a full and complete investigation of my personal and employment history and background including: previous employment, criminal history, driving records, educational background, credit history, and general reputation for character and honesty.

I hereby authorize any person, corporation, company, institution, government agency, individual, or any other entity to provide Easter Seals Hawaii with any information, documents or opinions they may possess concerning me or my reputation as an employee, student, associate or acquaintance.

I release Easter Seals Hawaii and all providers of any information from any and all claims and/or liabilities that may arise as a result of these investigations, including furnishing and receiving information. Further, I release, indemnify and forever hold harmless any person, corporation, company, institution or individual and their agents and assigns who may act upon authority of this release.

A copy of this Authorization of Information Release Form shall have the same effect as the original.

I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination from Easter Seals Hawaii. I understand, also, that I am required to abide by all standards of conduct, rules and regulations of Easter Seals Hawaii.

Applicant's Signature

Date