

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.

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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 To Mo/Yr. Mo/Yr		
No. & Street				
City & State	Zip		Supervisor's Name If this is your current employer, may we contact your supervisor? Yes \(\simeq \) No \(\simeq \)	
Company Name	Phone	From To Mo/Yr. Mo/Yr		
No. & Street				
City & State	Zip		Supervisor's Name May we contact this supervisor? Yes \(\simetizer \) No \(\simetizer \)	
Company Name	Phone	From To Mo/Yr. Mo/Yr		
No. & Street				
City & State	Zip		Supervisor's Name May we contact this supervisor? Yes \(\simetizer \) No \(\simetizer \)	
Company Name	Phone	From To Mo/Yr. Mo/Yr		
No. & Street				
City & State	Zip		Supervisor's Name May we contact this supervisor? Yes \(\simethin{ \sqrt{N} \sqrt{\sqrt{N}} \sqrt{\sqrt{N}} \sqrt{\sqrt{N}} \sqrt{\sqrt{N}} \sqrt{\sqrt{N}}	
Company Name	Phone	From To Mo/Yr. Mo/Yr		
No. & Street				
City & State	Zip		Supervisor's Name May we contact this supervisor? Yes \(\text{No} \(\text{No} \)	



REFERENCES: Please list supervisors or individuals who have worked with you that are knowledgeable of your work history.

Do not list relatives.

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Name			Telephone No.		
Occupation/Relationship		Email Address			
Name		Telephone No.			
Occupation/Relationship		Email Address			
Name		Telephone No.			
Occupation/Relationship		Email Address			
Name			Telephone No.		
Occupation/Rela	tionship		Email Address		
EDUCATION:					
EDUCATION.	Name of School	Cit	y & State	No. of Yrs. Attended	Degree
High School					
College					
Other (graduate school, trade, school, etc.)					
MEDICAL INFO	OPMATION:				
Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination and/or test. Employees, at any time during the course of their employment, may be required to undergo a medical examination and/or drug test at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the aboratory test to the Company. Are you able to perform the essential functions of this job with or without reasonable accommodation? Yes No Applicant's Initials					
OTHER:					
1. Have you previously been employed by Easter Seals Hawaii? If yes, under what name and position for purpose of employment verification of employment: ———————————————————————————————————					
2. Do you know anyone presently working for Easter Seals Hawaii? If yes, who, and what is your relationship (list all)? ——————————————————————————————————					
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.)					
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, will subject me to discharge. I authorize the company 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 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.					
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 vill" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.					
oplicant Signature Application Date					



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	——————————————————————————————————————
Applicant's Signature	Date