

KEIKI CARE CENTER OF HAWAII, INC.

EMPLOYEE APPLICATION

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: HAWAII Zip Code: _____

Home Phone: _____ Business Phone: _____ Cellular Phone: _____

Email Address: _____@_____. _____

POSITION DESIRED

Title: _____ Desired Salary: \$ _____ -or- Hourly Rate: \$ _____

WORK ELIGIBILITY

Are you eligible to work in the United States? Yes: _____ No: _____

When will you be available to begin work? _____/_____. (Month/Year)

Are you 17 or older? Yes: _____ No: _____

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes: _____
No: _____

If yes, please explain:

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? *Yes: _____ No: _____

If yes, please explain:

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Do you have other special training or skills (additional spoken or written languages, computer software knowledge, machine operation experience, etc.)?

**Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.*

EDUCATION

High School: _____ City: _____ State: _____

1) College: _____ City: _____ State: _____

Course of Study: _____ # of Years Completed: _____

Did You Graduate? Yes: ____ No: ____ Degree: _____

2) College: _____ City: _____ State: _____

Course of Study: _____ # of Years Completed: _____

Did You Graduate? Yes: ____ No: ____ Degree: _____

EMPLOYMENT HISTORY

Please give accurate and complete pertinent part- or full-time employment record. Start with present or most recent employer. Include military experience, if applicable. (You may attach additional sheets as necessary.)

Position #1

Company Name: _____ City: _____ State: _____

Company Phone Number: _____ Job Title: _____

Name of Supervisor: _____

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Position #1 (Continued)

Employed (Month and Year) From: _____ To: _____

Pay Rate: _____ (Please circle one: Hourly / Salary)

Describe your work:

May we contact this employer? Yes: _____ No: _____

If not, please explain? _____

Reason for leaving: _____

Position #2

Company Name: _____ City: _____ State: _____

Company Phone Number: _____ Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Pay Rate: _____ (Please circle one: Hourly / Salary)

Describe your work:

May we contact this employer? Yes: _____ No: _____

If not, please explain? _____

Reason for leaving: _____

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Position #3

Company Name: _____ City: _____ State: _____

Company Phone Number: _____ Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Pay Rate: _____ (Please circle one: Hourly / Salary)

Describe your work:

May we contact this employer? Yes: _____ No: _____

If not, please explain? _____

Reason for leaving: _____

AGREEMENT OF THE TRANSFER OF INFORMATION

I declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and that Keiki Care Center of Hawaii, Inc. retains the same rights. No Keiki Care Center of Hawaii, Inc. representative has the authority to make any contrary agreement.

I understand it is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and/or civil liabilities.

Signature: _____ Date: _____

Printed Name: _____

Mahalo nui loa for applying with Keiki Care Center of Hawaii, Inc.!