

# KAMA'AINA HEALTHCARE SERVICES



98-023 Hekaha Street, Bldg. 1, Unit 9

Aiea, HI 96701

Tel: (808) 422-2802 Fax: (808) 484-9076

Location: <input type="checkbox"/> Oahu <input type="checkbox"/> Hilo/Big Island	Date:
Positions applying for: <i>(Check all that apply)</i>	
<input type="checkbox"/> Nurses Aide	<input type="checkbox"/> Certified Nurses Aide
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> License Practical Nurse
<input type="checkbox"/> Direct Support Professional	<input type="checkbox"/> Caregiver (AFH, DOM, ARCH)
<input type="checkbox"/> Other:	

## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION:

Name:	SS #:	DoB:
Address:	Phone #1:	Phone #2:
City: State: Zip:	Email:	
Can you work nights? Yes No	Availability: <input type="checkbox"/> Full Time (40hrs) <input type="checkbox"/> Part Time (20hrs)	
Days Available to Work: <i>(Check all that apply)</i>		
<input type="checkbox"/> Any/All <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Hours Available to Work: <i>(Enter hours per day)</i>		
Total <input type="checkbox"/> Hrs	Mon <input type="checkbox"/> Hrs	Tue <input type="checkbox"/> Hrs Wed <input type="checkbox"/> Hrs Thu <input type="checkbox"/> Hrs Fri <input type="checkbox"/> Hrs Sat <input type="checkbox"/> Hrs Sun <input type="checkbox"/> Hrs

### EMPLOYMENT HISTORY:

Company:	From: (Mon/Year)	To: (Mon/Year)
Address:	Title:	
City: State: Zip:	Supervisor:	
Responsibilities:	May we contact your previous Supervisor for a reference?	
	Phone: Yes No	

Company:	From: (Mon/Year)	To: (Mon/Year)
Address:	Title:	
City: State: Zip:	Supervisor:	
Responsibilities:	May we contact your previous Supervisor for a reference?	
	Phone: Yes No	

### REFERENCES: *(Please list two professional references.)*

Name:	Relationship:
Company:	Phone:
Address:	Email:
Name:	Relationship:
Company:	Phone:
Address:	Email:

**MILITARY SERVICE:**

Branch:	Rank at discharge:	
Type of discharge:	From:	To:

If other than honorable, explain:

**EDUCATION:**

<b>HIGH SCHOOL:</b>	Name:	Address:	
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: (Mon/Year) - To: (Mon/Year)	Diploma:
<b>COLLEGE</b>	Name:	Address:	
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: (Mon/Year) - To: (Mon/Year)	Diploma:
<b>OTHER</b> (Trade school, etc.)	Name:	Address:	
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: (Mon/Year) - To: (Mon/Year)	Diploma:

**MEDICAL INFORMATION:**

After a conditional offer of employment has been made, applicants may be required to complete a medical examination, which will be covered by the Company and conducted by a physician chosen by the Company. The offer of employment is contingent upon the results of this examination.

Can you perform the essential functions of this job, either with or without reasonable accommodations? Yes No  
Applicant's Initials: \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY VERIFICATION:**

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Have you ever worked for this company? Yes No If yes, when?

**BACKGROUND CHECK INFORMATION:**

As part of our employment process, a background check will be conducted after a conditional offer of employment has been made. This background check may include inquiries into criminal convictions relevant to the job.

Applicant's Initials: \_\_\_\_\_

**CERTIFICATION:**

I certify that all statements in this application are accurate and complete to the best of my knowledge. I understand that incomplete applications will not be considered. Furthermore, I acknowledge that any misrepresentation or omission, when discovered, may result in termination of employment. I hereby authorize an investigation into the above-mentioned work experience, education, and reputation to evaluate my application for employment.

**This application does not constitute a contract and cannot create a contract. I understand that if employed, my employment is "at will" and may be terminated at any time by either myself or the Company, with or without cause, reason, or notice.**

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Applicant's Signature