



FAMILY SUPPORT SERVICES OF WEST HAWAII
 75-127 Lunapule Rd. Ste. 11
 Kailua-Kona, HI 96740
 808-326-7778 Fax: 808-326-4063

Date: _____
 Job/Position Applying For:

Revised 4/13/07

APPLICATION OF EMPLOYMENT

GENERAL INFORMATION

Name		
Address	Telephone No.	
City	State	Zip Code

EMPLOYMENT RECORD: Begin 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		Positions & Duties	Salary	Reason for Leaving
Company Name	Phone	From	To		Starting \$	
No. & Street		Mo/Yr	Mo/Yr			
City & State	Zip				Supervisor's Name	
Name & Address of Former Employer		Dates Employed		Positions & Duties	Salary	Reason for Leaving
Company Name	Phone	From	To		Starting \$	
No. & Street		Mo/Yr	Mo/Yr			
City & State	Zip				Supervisor's Name	
Name & Address of Former Employer		Dates Employed		Positions & Duties	Salary	Reason for Leaving
Company Name	Phone	From	To		Starting \$	
No. & Street		Mo/Yr	Mo/Yr			
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Company Name	Phone	From	To		Starting \$	
No. & Street		Mo/Yr	Mo/Yr			
City & State	Zip				Supervisor's Name	

REFERENCES: (Not relatives or former employers)

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

EDUCATION

	Name of School	Address	Years Attended	Degrees
Elementary				
Jr. High/Intermediate				
High School				
College				
Other (trade schools, etc.)				

Do you know anyone presently working for our agency? YES NO If yes, who? _____

MEDICAL INFORMATION

After an offer of employment is made, but before employment duties begin, applicants will be required to undergo a physical or medical examination and TB Clearance at Agency's expense, with the offer of employment conditional on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Agency expense and by an Agency-chosen physician. I authorize the physician conducting the examination, and any laboratory testing of any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Agency.
 Applicant Signature: _____ Date: _____

TRAFFIC ABSTRACT

I understand the Agency requires a traffic abstract and authorize the Agency to print my on-line traffic abstract. If my traffic abstract does not comply with the Agency's **Traffic Abstract Policy**, e.g., if I have a current suspension; license forfeiture; revocation of a driver's license; three or more moving violations; or a major traffic offense within the last two years, I understand I will be disqualified from employment.
 Applicant Signature _____ Date _____

CRIMINAL BACKGROUND AND CHILD ABUSE INDEX CHECKS

Following an offer of employment, I understand the agency requires a criminal background and child abuse index check, which may include fingerprinting. I fully understand that convictions within the last ten (10) years that have a reasonable relationship to the job duties I would be performing and/or negative results obtained from the Child Abuse Index check will result in a withdrawal of the job offer. (Early Head Start applicants must complete and attach "Declaration of Arrest" form.) Further, my signature below indicates my understanding that this agency may obtain confidential information about my background for the purposes of this application.
 Applicant Signature: _____ Date: _____

Are you able to perform the essential functions of this job with or without reasonable accommodation? YES NO Applicant's Initials _____
 I give permission for the Agency to contact references, former, and current employers as noted. YES NO Applicant's Initials _____

Have you ever been convicted of a crime which would have a substantial relationship to the functions and responsibilities of the position for which you are applying?
 YES NO If so, please explain _____

NOTE

It is the policy of this agency 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).

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 when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

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

 Application Date

 Applicant's Signature

Early Head Start Applicants Only: Please indicate your participation in an Early Head Start program:

Date(s): _____ Place: _____ Reference(s): _____

