



Kahuku Medical Center

Friends and Family Taking Care of Friends and Family

56-117 Pualalea Street Kahuku, HI 96731
 Email: HR@kmc-hi.org
 Phone: 808-293-6238

	Job/Position you are applying for: (Must be filled in)
--	---

GENERAL INFORMATION:

Legal Name	Nickname	Other Names Employed Under
Mailing 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. **Application information must be complete, including phone numbers. Applicants may also attach a resume or CV.**

Name & Information of Former Employer	Dates Employed	Title/Position, Status (Full or Part-time, Call-In, etc.) & Duties	Reason for Leaving
COMPANY NAME Telephone () Address No. & Street City & State Zip Supervisor's Name & Title	From Mo/Yr: To Mo/Yr		
COMPANY NAME Telephone () Address No. & Street City & State Zip Supervisor's Name & Title	From Mo/Yr: To Mo/Yr		
COMPANY NAME Telephone () Address No. & Street City & State Zip Supervisor's Name & Title	From Mo/Yr: To Mo/Yr		
COMPANY NAME Telephone () Address No. & Street City & State Zip Supervisor's Name & Title	From Mo/Yr: To Mo/Yr		
COMPANY NAME Telephone () Address No. & Street City & State Zip Supervisor's Name & Title	From Mo/Yr: To Mo/Yr		

Please Initial

EMPLOYMENT RECORD – CONTINUED:

COMPANY NAME	Telephone ()	From Mo/Yr:		
Address No. & Street				
City & State Zip				
Supervisor's Name & Title				
COMPANY NAME	Telephone ()	To Mo/Yr		
Address No. & Street				
City & State Zip				
Supervisor's Name & Title				
COMPANY NAME	Telephone ()	From Mo/Yr:		
Address No. & Street				
City & State Zip				
Supervisor's Name & Title				
COMPANY NAME	Telephone ()	To Mo/Yr		
Address No. & Street				
City & State Zip				
Supervisor's Name & Title				

SKILLS AND QUALIFICATIONS: *Please attach additional sheets if necessary.*

Skills and / or Qualifications not specified above:	Acquired:	Length or Level of Experience:

Please Initial

REFERENCES: (Not relatives)

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

EDUCATION: Please attach additional sheets if necessary.

	Name of School	Address	No. of Years Attended	Diploma / Degree
Jr. High / Intermediate				
High School				
College/University				
Other (Vocational/ Trade school, etc.)				

LICENSE / CERTIFICATION / CPR: Please attach additional sheets if necessary.

Issuing Authority: (State of HI, Amer. Red Cross, etc.)	License or Certification #	Expiration Date

MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory or drug testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____ Applicant's Initials

OTHER:

Do you know anyone presently working for our company? _____ If so, who? _____

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 and experience, 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. Also, after an offer of employment is made, but before employment begins, and periodically as required, I understand the Company may conduct criminal background checks.

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 will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Applicant's Signature

Application Date