

the CARE CENTER *of* HONOLULU

APPLICATION FOR EMPLOYMENT

| | | | |
|------------------------------------|-------|---------------------|-------|
| Desired Position(s) | | Date of Application | |
| | | | |
| Print Name (Last, First, & Middle) | | | |
| | | | |
| Street Address | | City | State |
| | | | |
| Phone Number | Email | | |
| | | | |

EMPLOYMENT EXPERIENCE

Please list your current and previous employers in chronological order, starting with your most recent position. Include all periods of employment and unemployment. If you were self-employed, provide your business name and at least one professional reference.

| | | |
|---------------------------------|-----------------------------|--|
| Name of Employer | Supervisor | May we verify? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Web Site | | |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From | To |
| | | |
| Job Title and Summary of Duties | Reason for Leaving | |
| | | |

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| | | |
|---------------------------------|-----------------------------|--|
| Name of Employer | Supervisor | May we verify? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Web Site | | |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From | To |
| Job Title and Summary of Duties | Reason for Leaving | |
| | | |
| Name of Employer | Supervisor | May we verify? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Web Site | | |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From | To |
| Job Title and Summary of Duties | Reason for Leaving | |
| | | |

Have you ever been involuntarily terminated or asked to resign from any job? Yes No
If yes, please provide an explanation

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EDUCATION

Please describe your educational background in the table provided below.

| | School Name | Years Completed | Diploma/ Degree (Yes/No) | Area of Study/Major | Relevant Specialized Training, Skills, or Extra- Curricular Activities |
|-------------------------------------|-------------|-----------------|--------------------------------|---------------------|---|
| High School | | | | | |
| College/ University | | | | | |
| Graduate/ Professional School | | | | | |
| Trade School | | | | | |

BUSINESS AND PROFESSIONAL REFERENCES

Please provide 3 professional references (individuals who are **not** related to you)

| Name and Job Title | Relationship | Phone Number or Email |
|--------------------|--------------|-----------------------|
| | | |
| | | |
| | | |

GENERAL INFORMATION

- Have you ever used another name? Yes No
- Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No
 - If yes to either of the above, please explain:

- Have you ever worked for this Care Center of Honolulu before? Yes No
 - If yes, please give dates and position: _____

- Do you have friends and/or relatives working for this company? Yes No

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4. If yes, name(s) and relationship(s): _____

5. What date are you available to begin work? _____

6. Days/Hours available to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

7. Are you available to work? Full-time Part-time Shift Work Temporary

8. If hired, would you have a reliable means of transportation to and from work? Yes No

9. Can you travel if the position requires it? Yes No

10. Are you at least 18 years old? Yes No

4. Note: If under 18, hire is subject to verification that you are of minimum legal age.

11. If hired, can you present evidence of your identity and legal right to work in this country? Yes No

12. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? Yes No

4. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

ACKNOWLEDGMENT AND AUTHORIZATION

My present employer may be contacted for a verification of employment Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____

Name (print): _____ Date: _____

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APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

___ I hereby authorize the Care Center of Honolulu to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Care Center of Honolulu any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

___ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

___ If hired, I understand and agree that my employment with the Care Center of Honolulu is at-will, and that neither I, nor the Care Center of Honolulu is required to continue the employment relationship for any specific term. I further understand that the Care Center of Honolulu or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

___ I understand that the safety of employees is extremely important to the Care Center of Honolulu and that the Care Center of Honolulu is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on- the-job safety and health.

___ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

___ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

___ In exchange for CCOH's consideration of my application for employment and to avoid the delay and expense involved in litigation before state or federal courts, CCOH and I understand and agree that any claim or dispute arising out of or relating to my recruitment, hiring, employment, employment benefits, or termination from employment with CCOH shall be subject to final and binding arbitration, pursuant to the Federal Arbitration Act 9, U.S.C. § 1 et seq. and the Hawai'i Arbitration Act. Claims which must be arbitrated under this Agreement include, but are limited to: (1) any and all claims based on common law, whether in tort or contract; (2) any employment discrimination, harassment, or retaliation claims based on federal or state law including but not limited to Title VII, ADEA and ADA; (3) claims for violation of the Family Medical Leave Act; (4) claims for violation of the Fair Labor Standards Act; (5) claims for whistleblowing or violation of public policy; (6) any claim based on state or federal statute; (7) any claim based on any state or federal constitutional provision; and (8) any amendments or modifications to such laws. The arbitration of any dispute under this Agreement shall be conducted under the then existing National Rules for the Resolution of Employment Disputes of the American Arbitration Association.

___ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____