

# *the* CARE CENTER *of* HONOLULU

1900 Bachelot Street, Honolulu, HI 96817

Telephone: (808) 531-5302 Fax: (808) 533-7537 Website: [www.ccoh.us](http://www.ccoh.us) Email: [hr@ccoh.us](mailto:hr@ccoh.us)

## APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	

### EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

Name of Employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	

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Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

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

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Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

## EDUCATION

Please describe your educational background in the table provided below.

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

Other					
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**BUSINESS AND PROFESSIONAL REFERENCES**

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

**PERSONAL REFERENCES**

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

**GENERAL INFORMATION**

1. Have you ever used another name?.....  Yes  No
2. 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
  - a. If yes to either of the above, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you ever worked for this Care Center of Honolulu before?.....  Yes  No
  - a. If yes, please give dates and position: \_\_\_\_\_
4. Do you have friends and/or relatives working for this company?.....  Yes  No
  - a. If yes, name(s) and relationship(s): \_\_\_\_\_
5. On 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. Can you relocate if the position requires it?.....  Yes  No
11. Are you at least 18 years old? .....  Yes  No
  - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
12. If hired, can you present evidence of your identity and legal right to work in this country?.....  Yes  No



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

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

**DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT**

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, CCOH may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by CCOH for employment purposes without your prior written authorization.

Authorization

I hereby acknowledge that CCOH has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize CCOH and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The Care Center of Honolulu at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of The Care Center of Honolulu, and/or The Care Center of Honolulu itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference.  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: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_

**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.



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\_\_\_\_\_ 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 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 further 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: \_\_\_\_\_