




A  United Way Agency

# Waianae Coast Comprehensive Health Center

86-260 Farrington Highway  
Waianae, Hawaii 96792  
Phone: (808) 696-7778  
Fax: (808) 696-7915  
Web page: [www.wcchc.com](http://www.wcchc.com)

## Application for Employment

**Instructions:** Please complete all portions of this employment application and sign it to be considered for employment. If you require accommodation during the application process, including assistance in completing this application, please let us know. We are an equal employment opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws. This employment application is valid for a six-month period after submission to the Health Center and only for the desired position.

### Personal Information

Name: _____				
_____	_____	_____	_____	_____
	Last	First	Middle Initial	
Present Address: _____				
_____	_____	_____	_____	_____
	Street	Apt #	City	State Zip
Home Phone: _____	Upon hire, you will be required to present proof of age, social security number, and your authorization to work.			
Cell Phone: _____	If offered employment, you will be required to submit verification of your legal right to work in the U.S.			
Email: _____				
Do you have a current Hawaii driver's license?    ( ) Yes    ( ) No				

### Employment Information

Position applying for: _____	Date available to start: _____	Salary desired: _____
Who referred you to the Health Center?    ( ) Relative _____		
( ) Newspaper Ad	( ) Company Web Page	( ) Walk In _____ Name
( ) Other _____		
Apart from religious observances, are you able to work all other times?    ( ) Yes    ( ) No		
If not, please identify times you are not available to work _____		

Note: If hired, you will be required to work as needed by the Health Center.

## Education

School Level	School Name and Location	Graduated?	Major Subjects Studied
High School or GED		( ) Yes ( ) No	
College/ University		( ) Yes ( ) No List degree(s):	
Other		( ) Yes ( ) No List certification(s):	

Note: The Health Center reserves the right to verify your degree/certification with the education institution(s) named.

## Professional License or Membership

Name professional licenses held (if any): \_\_\_\_\_

State of Hawaii License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Professional Memberships (if any): \_\_\_\_\_

Note: You do not have to disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital or veteran status, or any other protected status.

## Employment

May we contact your present employer? ( ) Yes ( ) No

Have you ever been discharged or asked to resign from a job? ( ) Yes ( ) No

If yes, please explain why:

\_\_\_\_\_

\_\_\_\_\_

List last employer first, including U.S. military service. Use additional paper if necessary.

Employer: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Start & Ending Salary/Hourly Rates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Start & Ending Salary/Hourly Rates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Start & Ending Salary/Hourly Rates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please explain any gaps in work history: \_\_\_\_\_

\_\_\_\_\_

### References

Provide the names of three persons you are not related to whom you have known at least one year and can be contacted.

	Name	Address	Years Known	Phone Number(s)
1				
2				
3				

### Job Skills and Qualifications

Identify your job skills, training and/or study that are relevant for the desired position. Check all that apply (v).

- Office Work/Clerical:    ( ) Typing/data entry  
                                   ( ) Word Processing: Identify software: \_\_\_\_\_  
                                   ( ) Spreadsheet: Identify software: \_\_\_\_\_  
                                   ( ) Calculator  
                                   ( ) Business machines: Identify \_\_\_\_\_

Special Skills/Qualifications (Summarize special job skills and qualifications acquired from other employment or training that qualify you for the desired position.)

**Certification**  
**Please read carefully before signing**  
**Your signature is required before the employment application can be considered**

- A. I certify that the information in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. I understand that MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.
- C. I understand and agree that only the CEO of the Health Center, or a designated representative, has the authority to enter into any agreement and to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the CEO, or a designated representative, and I will not rely upon any verbal or other representations.
- D. I understand and agree that the Health Center may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Health Center with any information (including fact or opinion) they may have regarding me. In consideration of the Health Center's review of this application, I release the Health Center and all providers of any information from any liability which may arise as a result of furnishing and receiving this information with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Health Center, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Health Center. If employed by the Health Center, I further authorize the Health Center to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Health Center for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Health Center, provided that such examination is job-related and consistent with business necessity. The Health Center will pay for the cost of such examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Health Center in accordance with state and/or federal laws. The Health Center will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Health Center with any additional consent(s) and/or release(s) as required by the Health Center to investigate my employment application.
- F. I agree that the Health Center may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Health Center may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Health Center, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Health Center.
- H. If applicable to my position, I authorize and agree to an OIG and/or GAO exclusion or sanction website search.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Health Center if I am employed by the Health Center.

Authorization/Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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