

CareResource Hawaii

680 Iwilei Road Suite 660 Honolulu, HI 96817
Phone# (808) 599-4999 Fax# (808) 599-8880

Application For Employment

Thank you for your interest in CareResource Hawaii. You must properly complete ALL portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. CareResource Hawaii is an equal employment opportunity employer, we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, veteran status, citizenship or other protected categories in accordance with state and federal laws. This employment application is valid for a three month period after submission and only for the specific position(s) applied.

Please print. All applicants must complete sections 1,2,3,4,6 and any other applicable section. If additional space is required, attach additional sheets.

1. PERSONAL INFORMATION

Name

Last Name

First Name

Middle Initial

Address

Number

Street

City

State

Zip Code

Telephone ()

Social Security Number

Position(s) Desired:	Salary Requirements:	
Availability		
Position status willing to accept: <input type="checkbox"/> Full – Time <input type="checkbox"/> Part - Time <input type="checkbox"/> Term (Specify Dates: _____ to _____) <input type="checkbox"/> Flexible/Call In	List Hours Available Sun: _____ Thu: _____ Mon: _____ Fri: _____ Tue: _____ Sat: _____ Wed: _____ Number of hours of work desired each week: _____	For Call-In Applicants Only: I am available to work in the following areas: (ex. Honolulu) _____ _____ _____

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? YES NO

[Note: If offered employment, you will be required to submit documentation as required by Form I-9, Employment Eligibility Verification form upon hire]

How were you referred to the Company? _____

Do you have friends or relatives working for the company or any subsidiary of the Kuakini or The Queen's Health System? _____

If yes, who? _____

If yes, when and for what position(s) _____

Have you previously worked for CareResource Hawaii or any subsidiary of the Kuakini or The Queen’s Health System? YES NO

If yes, When and Where? _____

Are you able to perform the essential functions of the job with or without reasonable accommodations? YES NO

2. EDUCATION/TRAINING

	High School				Technical/Trade				Undergraduate College/University				Graduate/Professional			
School Name and Location																
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree/Certificate																
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																
Professional: Do you have or have you ever applied for a Hawaii Professional License, or National Certification/Registry? <input type="checkbox"/> YES <input type="checkbox"/> NO																
Are you Currently Licensed? <input type="checkbox"/> Certified? <input type="checkbox"/> Registry Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO																
If so, please provide the specifics: # _____ Type: _____ Date of Expiration: _____																
# _____ Type: _____ Date of Expiration: _____																
Special Skills and Qualifications/Employment Gaps Summarize special skills and qualifications acquired from employment or other experiences. Also, explain periods that you were not working.																
List professional memberships.																

3. REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

4. EMPLOYMENT RECORDS (List most recent employer first. Please list all employers for at least the past 10 years and account for any periods that you were **NOT** working. **Failure to disclose all information and/or falsification may invalidate this employment application and lead to termination of employment.** If additional space is required, attach sheets.)

Employer		Dates of Service		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/ Salary		
		From	To	
Your Job Title	Your Supervisor's Name			
Reason For Leaving:				
Employer		Dates of Service		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/ Salary		
		From	To	
Your Job Title	Your Supervisor's Name			
Reason For Leaving:				
Employer		Dates of Service		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/ Salary		
		From	To	
Your Job Title	Your Supervisor's Name			
Reason For Leaving:				

5. CLERICAL AND SECRETARIAL APPLICANTS ONLY

Make A✓ for knowledge.

Make an X for knowledge plus actual experience.

- | | | |
|--|---|--|
| <input type="checkbox"/> Calculating Machine
-10-key touch ability 9 Yes 9 No | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Typing _____ W.P.M. | <input type="checkbox"/> Transcribing Equipment | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Shorthand _____ W.P.M. | <input type="checkbox"/> Computer
-Type? | <input type="checkbox"/> Word Processing
-Type? |
| <input type="checkbox"/> Spreadsheets
-Type? | | |

OTHER _____

6. CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed by CareResource Hawaii, I agree to conform to the guidelines and policies of the company, and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY EITHER PARTY.**
- C. I understand and agree that only the Executive Director of the company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment and such an agreement must be in writing and signed by the Executive Director.
- D. I understand and agree that CareResource Hawaii 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 CareResource Hawaii with any information (including fact or opinion) they may have regarding me. In consideration of CareResource Hawaii's review of this Application, I release CareResource Hawaii receiving this 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 CareResource Hawaii to provide truthful information (including facts of opinion) regarding my employment to any potential or future employer and release and waive any claims against CareResource Hawaii 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 a complete medical examination during my employment with CareResource Hawaii, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by CareResource Hawaii. 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 CareResource Hawaii in accordance with state and federal laws. CareResource Hawaii 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 CareResource Hawaii with any additional consent(s) and/or release(s) as required by CareResource Hawaii to investigate my employment application.
- F. I understand and agree that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living.
- G. I understand that CareResource Hawaii may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment to me. I also understand CareResource Hawaii 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 or that involves certain Family Court matters will not be considered.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with CareResource Hawaii if am employed by CareResource Hawaii.

Authorization/Signature of applicant: _____ Date: _____

Completed application can be fax to the Human Resources Department at 808-599-8880.