



ALOHA NURSING & REHAB CENTRE
45-545 Kamehameha Highway
Kaneohe, Hawaii 96744
(808) 247-2220

APPLICATION FOR EMPLOYMENT

This application is for use at Aloha Nursing & Rehab Centre. Filling out the application in no way obligates either party. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, arrest and court record, ancestry, disability, citizenship and sexual orientation.

Please print clearly.

Date of application _____

Position(s) applied for: (1) _____ (2) _____

Are you available to work: ~ Full Time ~ Part Time On what date would you be available for work? _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (_____) _____ Social Security Number _____ / _____ / _____
Area Code

Other number(s) where you can be reached _____

Have you filed an application here before? ~ Yes ~ No If Yes, give date _____

Have you ever been employed here before? ~ Yes ~ No If Yes, give date _____

Have you ever been employed in a long term care facility? ~ Yes ~ No

If Yes, what facility? _____ Date(s) _____

Are you employed now? ~ Yes ~ No May we contact your present employer? ~ Yes ~ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ~ Yes ~ No

EDUCATION

<u>Elementary</u>	<u>High School</u>	<u>College / University</u>	<u>Graduate / Professional</u>
School Name _____			

Completed (Circle):	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
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Diploma / Degree _____

Describe course of study _____

Describe specialized training, apprenticeship, skills, and extracurricular activities _____

State any additional information you feel may be helpful to us in considering your application _____

AGREEMENT

I hereby declare that the information contained in this application is, to the best of my knowledge, a true and accurate statement of facts and, if employed, understand that any misstatements or omissions of material facts on this application will subject me to immediate dismissal.

I have no objection to the facility making an investigation concerning any information which may be pertinent to my employment. I understand that after an employment offer is made, but before employment duties begin, I will be required to undergo a physical or medical examination at the facility's expense and by a facility-chosen physician, with the offer of employment conditioned on the result of such examination. At any time during the course of my employment, employees may be required to undergo a medical examination at the facility's expense and by a facility-chosen physician. I hereby authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the facility.

This application is not a contract and cannot create a contract between the facility and me. I understand that if I am employed, my employment is "at-will" and can be terminated at any time either by myself or by the facility, with or without cause or reason and with or without notice. In that event, all obligations on the facility's part in respect to salary will end with the last day of work.

Signature of Applicant _____ Date _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

REFERENCES

Give names, addresses and telephone numbers of three (3) references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. List any and all health care experience. List **all** past employers; Any misstatements or omissions will result in dismissal.

Employer _____ Dates Employed: From _____ to _____

Address _____ Telephone _____

Job Title _____ Hourly Rate / Salary: Starting _____ Final _____

Work Performed _____

Supervisor _____ Reason(s) for leaving _____

Employer _____ Dates Employed: From _____ to _____

Address _____ Telephone _____

Job Title _____ Hourly Rate / Salary: Starting _____ Final _____

Work Performed _____

Supervisor _____ Reason(s) for leaving _____

Employer _____ Dates Employed: From _____ to _____

Address _____ Telephone _____

Job Title _____ Hourly Rate / Salary: Starting _____ Final _____

Work Performed _____

Supervisor _____ Reason(s) for leaving _____

Employer _____ Dates Employed: From _____ to _____

Address _____ Telephone _____

Job Title _____ Hourly Rate / Salary: Starting _____ Final _____

Work Performed _____

Supervisor _____ Reason(s) for leaving _____

If you need additional space, please continue on a separate sheet of paper.

Did you learn of our opening from: ~ Honolulu Advertiser ~ Honolulu Star-Bulletin ~ Midweek ~ careerbuilder.com ~ Friend

~ Facility Employee: Name _____ ~ Other _____