



APPLICATION FOR EMPLOYMENT

FOR ASSOCIA HAWAII AFFILIATES: AOA Mauna Kai

The following information is requested in order to help us make the best possible placement within this company. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application. However, please be aware that the completion of this application in no way guarantees you a position with the Company. The Company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, arrest and court record, sexual orientation or other grounds protected under state or federal law, except where a bona-fide occupational qualification exists. The Company will not refuse to hire a more qualified disabled applicant who is capable of performing all of the essential functions of the job with or without reasonable accommodation. Applicants requiring accommodation in the interview process should contact the Personnel Office. This application for employment is valid for a three-month period after submission to the Company and only for the position applied.

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

Note: If you fill this form in on computer, you need to print as a PDF to save text

I. PERSONAL INFORMATION		
NAME: (Last Name, First, Middle Initial, Maiden)		SOCIAL SECURITY NUMBER:
ADDRESS:		HOME PHONE NUMBER:
CITY/ST/ZIP: (City) (State) (Zip)	HOW LONG HAVE YOU LIVED AT THIS ADDRESS:	ALTERNATE PHONE/CELLULAR/PAGER NUMBER:
IN CASE OF EMERGENCY, CONTACT PERSON: _____ (Name) (Address)		EMERGENCY CONTACT PHONE NUMBER:
ARE YOU A CITIZEN OF THE UNITED STATES (U.S.) OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES [Note: If offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act.] <input type="checkbox"/> NO	HOW WERE YOU REFERRED TO THE COMPANY?	
DO YOU HAVE FRIENDS OR RELATIVES WORKING FOR THE COMPANY? If yes, who?	HAVE YOU PREVIOUSLY APPLIED FOR A JOB WITH THIS COMPANY? <input type="checkbox"/> YES If yes, where and when? <input type="checkbox"/> NO	
POSITION FOR WHICH YOU ARE APPLYING: [Note: If hired, you will be required to perform work as required by the Company.]	SALARY/WAGE DESIRED: _____/Month	IF HIRED, ON WHAT DATE CAN YOU BEGIN WORK?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your job performance. However, if a job description is attached, you may voluntarily advise us whether you can perform, with or without reasonable accommodations, the specified job related functions.

II. EDUCATION/TRAINING

	Elementary School				High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																
Years Completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study																
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																
Describe any honors you have received.																
State any additional information you feel may be helpful to us in considering your application.																

III. REFERENCES

GIVE THE NAMES OF THREE PERSONS TO WHOM YOU ARE NOT RELATED, WHO HAVE KNOWN YOU AT LEAST ONE YEAR

Reference #	Name	Address	Telephone Number
1			
2			
3			

IV. EMPLOYMENT RECORD

*LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.
FOR EACH EMPLOYER, ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY.*

Name of Present or Last Employer			
Address	City	State	Zip Code
Starting Date	Date Last Worked	Job Title	
		May We Contact Your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Employer's Phone Number	
Description of Work			
Reason(s) for Leaving			

Name of Present or Last Employer			
Address	City	State	Zip Code
Starting Date	Date Last Worked	Job Title	
		May We Contact Your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Employer's Phone Number	
Description of Work			
Reason(s) for Leaving			

Name of Present or Last Employer			
Address	City	State	Zip Code
Starting Date	Date Last Worked	Job Title	
		May We Contact Your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Employer's Phone Number	
Description of Work			
Reason(s) for Leaving			

Name of Present or Last Employer			
Address	City	State	Zip Code
Starting Date	Date Last Worked	Job Title	
		May We Contact Your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor			
Description of Work			
Reason(s) for Leaving			

V. ACCOUNTING, CLERICAL AND SECRETARIAL APPLICANTS ONLY <i>Place a "✓" for knowledge. Mark "X" for knowledge plus actual experience."</i>		
<input type="checkbox"/> Calculator _____ K.P.M. 10 key touch ability <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Switchboard No. of Lines	<input type="checkbox"/> Data Entry _____ K.P.M.
<input type="checkbox"/> Typing _____ W.P.M.	<input type="checkbox"/> Transcribing Equipment	<input type="checkbox"/> Desktop Publishing (which programs?)
<input type="checkbox"/> Proofreading	<input type="checkbox"/> Computer Hardware Type?	<input type="checkbox"/> Computer Software/Word Process Program(s)
OTHER:		

VI. PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY <i>List special training or noteworthy achievements.</i>

VII. RESIDENT MANAGER APPLICANTS ONLY
Place a check (✓) next to the locations you would like to be considered for: <input type="checkbox"/> Oahu (all areas) <input type="checkbox"/> Waikiki <input type="checkbox"/> Honolulu <input type="checkbox"/> Pearl City <input type="checkbox"/> Kailua <input type="checkbox"/> North Shore <input type="checkbox"/> Ewa Beach <input type="checkbox"/> Waipahu <input type="checkbox"/> Makiki <input type="checkbox"/> Mililani <input type="checkbox"/> Airport <input type="checkbox"/> All Neighbor Islands <input type="checkbox"/> Lanai <input type="checkbox"/> Molokai <input type="checkbox"/> Maui <input type="checkbox"/> Kauai <input type="checkbox"/> The Big Island (Hawaii)
What are your living requirements? (Size of apartment) <input type="checkbox"/> Open <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/> Other Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No