

Big Island Substance Abuse Council
 16-179 Melekauiwa Street
 Keaau, HI 96749
 Phone: (808) 969-9994 Fax: (808) 969-7375

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please 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. We are an equal 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 three-month period after submission to the Company and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application.

PERSONAL INFORMATION

Name (Last Name, First)					
Have you ever used any other names? If so, please print (For background and criminal conviction check)					
Present Mailing Address		Apt. No.	City	State	Zip Code
Home Phone	Cell Phone	Email			
UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE AND AUTHORIZATION TO WORK. CAN YOU UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No					
*If offered employment you will be required to submit documentation required by IRCA					

DESIRED EMPLOYMENT

Desired Position	Date you can start	Salary Desired Min: _____ Max: _____
Have you ever applied for employment at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When
Who referred you to this company? <input type="checkbox"/> Relative _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Walk In <input type="checkbox"/> State Employment Office <input type="checkbox"/> BISAC website <input type="checkbox"/> Online (Craigslist) <input type="checkbox"/> Friend _____ <input type="checkbox"/> Other		
Apart from Religious Observances, will you be able to work all other times? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what are your restrictions?		

**NOTE: If hired, you will be required to perform work as required by the Company*

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL (Please provide complete name and address if possible)	Number of Years Attended	Did you Graduate?	Degree and Date
HIGH SCHOOL				
COLLEGE				
OTHER				
OTHER				

FORMER EMPLOYERS

Please account for the last ten years of employment
FOR EACH EMPLOYER, YOU MUST 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
Weekly Starting Salary/Hourly Rate	Weekly Final Salary/Hourly Rate	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Why?
Name of Supervisor	Title	Employer's Phone Number and/or Email Address
Description of Work Performed		
Reason(s) for leaving. If you were terminated or asked to resign, please explain:		

Name of Present or Last Employer		
Address	City, State	Zip Code
Starting Date	Date Last Worked	Job Title
Weekly Starting Salary/Hourly Rate	Weekly Final Salary/Hourly Rate	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Why?
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Name of Supervisor	Title	Employer's Phone Number and/or Email Address
Description of Work Performed		
Reason(s) for leaving. If you were terminated or asked to resign, please explain:		

REFERENCES

Please list three (3) business references, whom we may contact.

Name	Address	Agency/Company and Job Title	Phone Number/Email

JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

Summarize your job skills, training and/or studies that are relative for the desired position. Also, explain any periods that you were not working. Use additional paper if necessary.

CERTIFICATION
PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained 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.

If employed, I agree to conform to the guidelines and policies of the Company. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**

I understand and agree that only the Chief Executive Officer 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. I agree that such an agreement must be in writing and signed by the CEO, and I will not rely upon any other representations.

I understand and agree that the Company 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 Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company 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 Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company 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 Company for truthfully communicating any such information to a potential or future employer.

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 Company, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. 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 Company in accordance with state and/or federal laws. The Company 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 Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

I agree that the Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company 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.

I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Authorization/Signature of applicant: _____

Date: _____