



GENERAL APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION:

Position Desired: _____
(Required Information)

Full Time Part time
 Temporary On-call

Program: _____

Salary Requirements: _____

Date Available for Work: _____

Name Last First Middle

Address City/State Zip Code

Cell or Home Phone Number Email Address

Have you ever used any other names during the course of your education or previous employers? Yes No

If the answer is yes, please specify: _____

EMPLOYMENT HISTORY:

Begin with present or most recent employer first. Please fill out completely, listing all previous employers within the past seven (7) years even if you provided a resume. Include self-employment, military service, summer, and part-time jobs. Please circle the name of any employer or supervisor who you **do not** want contacted at this time. If necessary, attach additional sheets following the same format.

Employer _____

Address City/State Zip code

Area Code/Phone Position

Supervisor's name and title Part or Full time

Date of employment From: Month/Year To: Month/Year

Specific job duties

Reason for leaving

Employer

Address

City/State

Zip code

Area Code/Phone

Position

Supervisor's name and title

Part or Full time

Date of employment

From: Month/Year

To: Month/Year

Specific job duties

Reason for leaving

Employer

Address

City/State

Zip code

Area Code/Phone

Position

Supervisor's name and title

Part or Full time

Date of employment

From: Month/Year

To: Month/Year

Specific job duties

Reason for leaving

Additional employment history attached:

Yes

No

MEDICAL INFORMATION:

I am able to perform the essential functions of this job as stated on the job description **with or without** reasonable accommodation.

Yes

No

Applicant's initials

EDUCATION:

Name of school	City/State	# of years completed	Did you graduate?	Major/subject or degree
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High School

Technical school, college or university

Graduate Work

Additional training, special achievement, certificates or license, or honors relevant to position applying for.

REFERENCES (Not relatives):

Name: _____ Occupation: _____

Address: _____ Telephone number: _____

Name: _____ Occupation: _____

Address: _____ Telephone number: _____

NOTE:

- It is the policy of Mālama ‘Āina Foundation (MAF) to hire only U.S. citizens and aliens who are authorized to work in the U.S. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work in the U.S. according to the U.S. Citizenship and Immigration Service’s Form I-9.)
- It is standard policy of MAF to conduct a certified Criminal Abstract and, if applicable, Traffic Abstract, if you are a designated driver for MAF. The findings of these certified legal records must be satisfactory within MAF employment hiring standards.

OTHER:

Do you know anyone presently working for our company? _____ If so, who? _____

If you wish, list community and professional organizations to which you belong (exclude religious and racial groups). Also, include hobbies or recreational activities you enjoy:

ACKNOWLEDGMENT AND CERTIFICATION

Please read each statement closely before initialing and signing:

_____ **Confidentiality and Privacy Disclosure**

It is in the best interest of MAF to protect the privacy or personal information of all applicants, employees, volunteers, interns, trainees, and independent contractors.

_____ **Equal Employment Opportunity Disclosure**

MAF is an equal opportunity employer. We do not discriminate on the basis of race, sex (including gender identity or expression), religion, color, national origin, sexual orientation, disability, marital status, age, military/veterans status, credit history, ancestry, citizenship, arrest and court record, genetic information, domestic or sexual violence victim status, or other status protected by Federal, State or local laws. If I require accommodation during the employment application process, I will let MAF know.

_____ **Discrimination and Sexual Harassment Policy Disclosure**

MAF will not tolerate any form of unlawful discrimination, including sexual harassment. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to that conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of that conduct by an individual is used as the basis for employment decisions affecting that individual; (3) that conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. Employees who violate our policy may be subject to disciplinary action, up to and including unpaid suspension and/or immediate termination of employment.

_____ **Drug & Alcohol Free Workplace Program and Physical Examination Disclosure**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to under a medical (or drug) examination at Company expense and by a Company-chosen physician. I 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 Company.

_____ **Work Schedules**

I understand that work schedules are subject to change at any time based on the needs of the operation and that overtime may be required and must be approved in advance by my supervisor.

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to discharge. I authorize MAF to investigate my work history, education, character, credentials, reputation, and background for purposes of considering my application for employment.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or MAF, with or without cause or reason and with or without notice.

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

Applicant's Signature

Application Date