
The Arc in Hawaii

APPLICATION FOR EMPLOYMENT

Thank you for your interest in our organization. You must properly complete **ALL** required portions of this employment application to be considered for employment at The Arc in Hawaii. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. This organization is an equal employment 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, or other protected categories in accordance with state and federal laws. This employment application is valid for a three-month period after submission to The Arc in Hawaii 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.

1. PERSONAL INFORMATION

- A. _____
NAME (LAST) (FIRST) (MIDDLE INITIAL)
- B. _____
ADDRESS (STREET) (CITY) (STATE) (ZIP)
- C. _____
(HOME PHONE) (CELL PHONE) (WORK PHONE) (E-MAIL ADDRESS)
- D. Position for which you are applying _____
Note: If hired, you will be required to perform work as required by The Arc in Hawaii.
- E. Are you looking to work Full time or Part time? _____
- F. Salary Range _____
- G. Social Security Number _____/_____/_____
- H. Are you a U.S. Citizen or are you legally authorized to work in the U.S.?
 YES (Note : If offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act)
 NO
- I. How were you referred to The Arc in Hawaii? (please be specific) _____
- J. Do you know anyone working for The Arc in Hawaii?
 YES If yes, who? _____
 NO
- K. Have you previously applied for a job with for The Arc in Hawaii?
 YES If yes, when? _____
 NO

L. Have you previously worked at The Arc in Hawaii?

- YES If yes, when? _____
 NO Reason for leaving: _____

M. Are you Hawaii Visions certified? (Not applicable if applying for administrative related position)

- YES Name of agency certified with: _____ Date certified: _____
 NO

2. EDUCATION/TRAINING

	High School	Undergraduate College University	Graduate/ Professional	Technical/Trade
School Name & Location				
Years Completed				
Diploma/Degree or Certificate				
Describe Course of Study				

3. EMPLOYMENT RECORD (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 will invalidate this employment application and if hired, will lead to termination of employment.** If additional space is required, please attach sheet.)

Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Mo. Salary	
Job Title	Supervisor Starting	
Reason for Leaving	Final	

Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Mo. Salary	
Job Title	Supervisor Starting	
Reason for Leaving	Final	

Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Mo. Salary	
Job Title	Supervisor	Starting
Reason for Leaving	Final	

Employer	Dates of Service M/YR to M/YR	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Mo. Salary	
Job Title	Supervisor	Starting
Reason for Leaving	Final	

SPECIAL SKILLS AND QUALIFICATIONS / EMPLOYMENT GAPS

Summarize special job-related skills and qualifications acquired from employment, volunteer work or other special training and experience. Also, explain any periods that you were not working.

What training or experience do you have working with persons with intellectual and/or developmental disabilities? _____

4. REFERENCES: (not relatives)

Name	Occupation:
Address	Telephone No.
Name	Occupation:
Address	Telephone No.
Name	Occupation:
Address	Telephone No.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true 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 The Arc in Hawaii, I agree to the guidelines and policies of The Arc in Hawaii, and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON.**
- C. I understand and agree that only the Executive Director of The Arc in Hawaii have 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 Arc in Hawaii.
- D. I consent to and authorize The Arc in Hawaii to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide The Arc in Hawaii with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the organization's review of this application, I release The Arc in Hawaii and all providers of any information from any liability as a result of furnishing and receiving this information.
- E. I understand and agree that I may be required to submit to a drug testing and a complete post-offer medical examination, as part of my application for employment with the offer of employment conditioned on the result of such examination. I also understand and agree that I may be required to submit to a complete medical examination during my employment with The Arc in Hawaii, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the organization. I authorize the physician conducting the examination and any laboratory testing and any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to The Arc in Hawaii in accordance with federal and state laws. The Arc in 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 The Arc in Hawaii with any additional consent(s) and / or release(s) as required by the Company 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. I hereby consent to and authorize that such a report be made which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.
- G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with The Arc in Hawaii if I am employed by The Arc in Hawaii.

Authorization / Signature of applicant: _____ Date: _____