

APPLICATION FOR EMPLOYMENT - AOA of HAWAII TOWER

Position applied for: _____ Date: _____

All portions of this application that pertain to you must be completed. This application is valid for a three-month period after submission and only for the position applied for.

The Association 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.

PERSONAL INFORMATION

Name: _____ Social Security No: _____ - _____ - _____
Last First M.I.

Home Address: _____ Tel No. _____

Person to be contacted in case of emergency: _____

Home Address: _____ Tel No. _____
_____ Bus. No. _____

Type of employment desired: Full-time Part-time If part-time, state specific days and hours: _____

Are you willing or able to work over-time? Yes No If Yes, is advance notice required? Yes No

Date you can start: _____ Salary desired: _____

Do you have relatives working for the Association? If so, who _____

Have you ever been employed by us? Yes No If yes, when? _____

Supervisor's name: _____ Reason for leaving: _____

Photograph and fingerprints may be required after employment. Your hire is subject to verification that you meet legal age requirements.

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Employment at Hawaiki Tower is on an at-will basis and may be terminated at any time, with or without cause.

THIS QUESTION TO BE COMPLETED BY APPLICANTS FOR RESIDENT MANAGER, OFFICE ADMINISTRATOR, SECURITY AND OTHER POSITIONS HAVING ACCESS TO BUILDING KEYS AND/OR ASSOCIATION FUNDS

Have you ever been convicted of a felony that is substantially related to the functions of the job for which you are applying? Yes No

Note: A criminal abstract is required for jobs having access to resident units, jobs involving security, and jobs having access to building keys or association funds.

List the number and kinds of convictions for criminal offenses.

1. _____ 2. _____
3. _____ 4. _____

If more than four (4), total number: _____

Convictions will not necessarily disqualify an applicant for employment.

WORK EXPERIENCE

In order for this application to be considered you must account for all the time since leaving school, or the past seven years, whichever is shorter, starting with the last or current employer first. Use additional space if necessary.

1) Employer: _____ Phone: _____

Address: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End date: _____ Starting Pay: _____ Ending Pay: _____

Describe your duties: _____

2) Employer: _____ Phone: _____

Address: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End date: _____ Starting Pay: _____ Ending Pay: _____

Describe your duties: _____

3) Employer: _____ Phone: _____

Address: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End date: _____ Starting Pay: _____ Ending Pay: _____

Describe your duties: _____

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4) Employer: _____ Phone: _____

Address: _____

Job Title: _____ Reason for Leaving: _____

Start Date: _____ End date: _____ Starting Pay: _____ Ending Pay: _____

Describe your duties: _____

EDUCATION AND TRAINING

<u>Type of School</u>	<u>Name and Location</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Did You Graduate</u>	<u>Degree Earned</u>
High School	_____	_____	_____	_____	_____
Business/Technical	_____	_____	_____	_____	_____
University/College	_____	_____	_____	_____	_____
Military	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

ADDITIONAL SKILLS AND QUALIFICATIONS

What knowledge, special skills or other individual capabilities do you have which especially qualify you for the position you have applied for?

Are you certified in first aid or cardiopulmonary resuscitation? Yes No

If yes, specify the certification you have and the date of expiration.

Certification: _____ Date of Expiration: _____

Have you served in the U.S. Armed Forces? Yes No If yes, list your duties in the service, including special training, that is relevant to the position you have applied for.

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THIS SECTION TO BE COMPLETED BY ADMINISTRATIVE APPLICANTS ONLY

- Calculating Machine 10-Key touch ability Switchboard
- Typing _____ WPM Transcribing Shorthand _____ WPM
- Computer type Word processing program Spreadsheet program
- Database Program

PERSONAL REFERENCES: (other than relatives or former employers)

(1) Name:	Phone:
Address:	
(2) Name:	Phone:
Address:	
(3) Name:	Phone:
Address:	

CERTIFICATION

Please read carefully before signing.

1. 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 immediate dismissal from employment.
2. If employed by the Association, I agree to conform to the guidelines and employment policies of the Association, and understand that my employment is at-will and can be terminated at any time, with or without cause.
3. I understand and agree that only the board of directors of the Association has any authority to enter into any agreement to employ me for any specific period of time or to modify terms and conditions of employment.
4. I consent to and authorize the Association to 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 Association and/or agent with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the Association's and or Agent's review of this application, I release the Association and or Agent and all the provider's of any information from any liability as a result of the furnishing and receiving of this information.
5. 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 association, provided such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Association. I authorize the physician conducting the examination and any laboratory testing my specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Association and or Agent in accordance with state and federal laws. The Association and or Agent will keep such results confidential and disclose the results only to persons who need to know or where required by law.
6. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the association if I am employed.

Applicant's Signature

Date

Printed Name

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