



ASSOCIATION APPLICATION FOR EMPLOYMENT

Name of Property/Association Applying For: _____

INSTRUCTIONS: Thank you for your interest in employment with us. You must properly complete all portions of this employment application to be considered for employment. If you require any accommodation(s) 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 including gender identity or expression, religion, color, national origin, ancestry, marital status, disability, sexual orientation, credit history (except as provided by HRS 378-2.7), genetic history, arrest and court record (except as provided by HRS 378-2.5), military service, domestic or sexual violence victim status if the domestic or sexual violence victim provides notice to us of such status or we have actual knowledge of such status, or any other protected category recognized by Hawaii and federal laws. This Application is valid for a three-month period after submission to us and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

THIS QUESTION IS TO BE COMPLETED ONLY BY APPLICANTS FOR RESIDENT MANAGER, SECURITY GUARD, AND OTHER POSITIONS that would allow the employee access to the keys of or entry into the units in the condominium/cooperative or access to association/cooperative funds: Have you ever been convicted of a crime that bears a rational relationship to the duties and responsibilities of the position that you have applied for? Yes No (Note: A criminal abstract is required for the position of resident manager, security guard or that would allow the employee access to the keys of or entry into the units in the condominium/cooperative or access to association/cooperative funds.)

Personal Information

Last, First Name: _____ Middle Name: _____

Have you used any other names? (Required for background and criminal conviction check): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: (____)____-____ Cell or Home Phone: (____)____-____

Personal E-Mail Address: _____

*Upon hire, you will be required to present proof of age, authorization to work, and your social security number.
Can you, upon employment, submit verification of your legal right to work in the United States? Yes No
(Note: If offered employment, you will be required to submit documentation required by IRCA)*

Desired Employment

Desired Position*: _____ Date you can start: ____/____/____
*If hired, you will be required to perform work as required by this Association. Pay Desired: \$ _____ per _____

Type of Employment: Full-Time Part-Time If PT, specify days & hours: _____

Have you ever worked for us before? Yes No If yes, when? ____/____/____

Who referred you to us? Relative: _____ Help-wanted ad Friend Other _____

Education

<u>School Level</u>	<u>Name of School</u>	<u>Did You Graduate?</u>	<u>Degree/Certification Received, Subjects Studied</u>
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Former Employers

In order for this application to be considered, you must account for all the time since leaving school, or the past 10 years, whichever is shorter, starting with the last or current employer first. You must complete all information (A resume will not suffice). Use a separate page if necessary.

1. Name of present or last employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Start Date: ___/___/___ Date Last Worked: ___/___/___ Job Title: _____

Supervisor's Name: _____ Title: _____

May we contact your supervisor? ___ Yes ___ No If No, why not? _____

Summarize type of work performed and job responsibilities: _____

Reason(s) for leaving: _____

If you were terminated or asked to resign, explain why: _____

2. Name of next previous employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Start Date: ___/___/___ Date Last Worked: ___/___/___ Job Title: _____

Supervisor's Name: _____ Title: _____

May we contact your supervisor? ___ Yes ___ No If No, why not? _____

Summarize type of work performed and job responsibilities: _____

Reason(s) for leaving: _____

If you were terminated or asked to resign, explain why: _____

3. Name of next previous employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Start Date: ___/___/___ Date Last Worked: ___/___/___ Job Title: _____

Supervisor's Name: _____ Title: _____

May we contact your supervisor? ___ Yes ___ No If No, why not? _____

Summarize type of work performed and job responsibilities: _____

Reason(s) for leaving: _____

If you were terminated or asked to resign, explain why: _____

Employment Gaps

Explain any periods that you were not working during the past 15 years, other than due to personal illness, injury or disability:

Business/Work References

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If not applicable, list three references that are NOT related to you.

Name	Title	Relationship to You	Phone Number
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____

Additional Skills and Qualifications

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

Are you certified in first aid or CPR? Yes No If Yes, specify the certification you have received and date of expiration:

Certification: _____ Date Expires: ___/___/___

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

Do you have a valid driver's license? Yes No If yes, specify what State are you licensed? _____

What is the expiration date? ___/___/___ Note: A traffic violations abstract may be required for positions requiring driving.

Indicate below the office and computer skills you are proficient in (check each one applicable):

10-key by touch Access Typing WPM Word Excel PowerPoint Other _____

Related Information

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. If employed by this Association, **I AGREE TO CONFORM TO THIS ASSOCIATION'S GUIDELINES AND POLICIES AND UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY THIS ASSOCIATION OR BY ME WITH OR WITHOUT ADVANCE NOTICE**
- C. I understand and agree that only the President of this Association 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 this Association, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that this Association or our representative(s) 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 this Association with any information (including fact or opinion) they may have regarding me. In consideration of the Association's review of this application, I release the Association and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by this Association. If employed by this Association, I further authorize this Association to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against this Association for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug test 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 this Association, provided that such examination is job-related and consistent with business necessity. 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 this Association in accordance with state and/or federal laws. This Association will keep such results confidential and disclose the results only to persons who need to know or where required by law. I also agree to fully cooperate and provide this Association with any additional consent(s) and/or release(s) as required by this Association to investigate my employment application.
- F. I understand and agree that if offered employment, I may be required to disclose criminal conviction information in accordance with the law, and that any such employment offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by this Association.
- G. I understand and agree that if offered employment, 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 this Association.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform this Association of any agreements that would limit my ability to work for this Association.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with this Association if I am employed.

Authorization/Signature of Applicant: _____ Date: ____/____/____

Print Name: _____