



APPLICATION FOR EMPLOYMENT

Please complete all applicable fields below. It is recommended that you SAVE this application to your hard drive frequently as you complete it. Submit your completed and signed application

By Mail:
 The Kohala Center
 attn: Human Resources
 P.O. Box 437462
 Kamuela, HI 96743

By Email:
cokumura@kohalacenter.org

By Fax:
 808-885-6707

The Kohala Center employs the most qualified individuals from the available labor force and provides them with opportunity for advancement in a manner which does not discriminate because of race, color, religion, sex, gender identity or expression, age, citizenship, genetic information, credit history, national origin, ancestry, marital status, civil union status, arrest and court record, disability, sexual orientation, military service, veteran status, status as a domestic or sexual violence victim, or any other characteristic protected under applicable state and federal laws, regulations, and/or executive orders. This policy applies to all aspects of employment including, but not limited to, recruitment, hiring, placement, training, promotion, compensation, benefits, transfers, layoffs, recalls, leaves of absence, discipline, and termination.

Date of Application: _____

PERSONAL

Name _____
Last First Middle

Mailing Address _____

City _____ State _____ ZIP Code _____

Phone Number _____ Email Address _____

Position Sought _____ Full Time Part Time

Date Available _____ Salary Desired \$ _____ per hour year

Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you over 18 years old? Yes No

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School

Number of Years Completed: _____ Diploma? Yes No G.E.D.? Yes No

School(s) attended _____

City and State _____

College and/or Vocational School

Number of Years Completed: _____

Major(s) _____ Degree(s) Earned _____

School(s) attended _____

City and State _____

Other Training or Degrees

Course(s) _____ Degree(s) or Certificates Earned _____

School(s) attended _____

City and State _____

PROFESSIONAL LICENSE OR MEMBERSHIP

Type of License(s) Held _____

License Number and State License Held _____ Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS

Microsoft Office: Excel Word Outlook Powerpoint Other _____

Other Skills:

Have you ever been employed by The Kohala Center? Yes No

If Yes, please provide dates of employment: _____

EMPLOYMENT HISTORY

Please list most recent employer first, including U.S. military service. If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

May we contact your present employer? Yes No

If any employment was under a different name, please indicate name _____

Employer _____ Position _____

Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary _____

Supervisor _____ Department _____

Duties _____ Full Time Part Time No. of Hrs. _____

Reason for Leaving _____

Employer _____ Position _____

Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary _____

Supervisor _____ Department _____

Duties _____ Full Time Part Time No. of Hrs. _____

Reason for Leaving _____

Employer _____ Position _____

Address _____ Phone _____

Dates of Employment: From _____ To _____ Salary _____

Supervisor _____ Department _____

Duties _____ Full Time Part Time No. of Hrs. _____

Reason for Leaving _____

Explain any gaps in work history _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain _____

REFERENCES

Please list two professional and two personal references.

Name _____ Email _____

Address _____ Phone _____

Name _____ Email _____

Address _____ Phone _____

Name _____ Email _____

Address _____ Phone _____

Name _____ Email _____

Address _____ Phone _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

If no, please describe the functions that cannot be performed

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize The Kohala Center to verify their accuracy and to obtain reference information on my work performance. I hereby release The Kohala Center from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of The Kohala Center. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or The Kohala Center may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____

Date _____