

CareResource Hawaii
 680 Iwilei Road Suite 660 Honolulu, HI 96817
 Phone# (808) 599-4999 Fax# (808) 599-8880

Application For Employment

Thank you for your interest in CareResource Hawaii. You must properly complete ALL portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. CareResource Hawaii is an equal employment opportunity 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, veteran status, citizenship or other protected categories in accordance with state and federal laws. This employment application is valid for a three month period after submission and only for the specific position(s) applied.

Please print. All applicants must complete sections 1,2,3,4,6 and any other applicable section. If additional space is required, attach additional sheets.

1. PERSONAL INFORMATION

Name
 Last Name _____ First Name _____ Middle Initial _____
 Address
 Number _____ Street _____ City _____ State _____ Zip Code _____
 Telephone () _____ Social Security Number _____

Position(s) Desired:	Salary Requirements:	
	Availability	
Position status willing to accept: <input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time <input type="checkbox"/> Term (Specify Dates: _____ to _____) <input type="checkbox"/> Flexible/Call In	List Hours Available	For Call-In Applicants Only:
	Sun: _____ Thu: _____	I am available to work in the following areas: (ex. Honolulu) _____
	Mon: _____ Fri: _____	_____
	Tue: _____ Sat: _____	_____
	Wed: _____	_____
Number of hours of work desired each week: _____		_____

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? YES NO
 [Note: If offered employment, you will be required to submit documentation as required by the 1996 Immigration Reform and Control Act.]
 How were you referred to the Company? _____

Do you have friends or relatives working for the company or any subsidiary of the Kuakini or The Queen's Health System? _____
 If yes, who? _____

If yes, when and for what position(s) _____

Have you previously worked for CareResource Hawaii or any subsidiary of the Kuakini YES NO
 or The Queen's Health System?

If yes, When and Where? _____

Are you able to perform the essential functions of the job with or without reasonable YES NO accommodations?

2. EDUCATION/TRAINING

School Name and Location	High School				Technical/Trade				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Years Completed																
Diploma/Degree/Certificate																
Describe Course of Study																

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities

Professional: Do you have or have you ever applied for a Hawaii Professional License, or YES NO
 National Certification/Registry? YES NO

Are you Currently Licensed? Certified? Registry Eligible? YES NO

If so, please provide the specifics: # _____ Type: _____ Date of Expiration: _____

_____ Type: _____ Date of Expiration: _____

Special Skills and Qualifications/Employment Gaps

Summarize special skills and qualifications acquired from employment or other experiences. Also, explain periods that you were not working.

List professional memberships.

3. REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

4. EMPLOYMENT RECORDS (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 may invalidate this employment application and lead to termination of employment. If additional space is required, attach sheets.)

Employer	Dates of Service		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/ Salary		
	From	To	
Your Job Title	Your Supervisor's Name		
Reason For Leaving:			
Employer	Dates of Service		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/ Salary		
	From	To	
Your Job Title	Your Supervisor's Name		
Reason For Leaving:			

5. CLERICAL AND SECRETARIAL APPLICANTS ONLY

Make A ✓ for knowledge.

Make an X for knowledge plus actual experience.

- | | | |
|---|---|--|
| <input type="checkbox"/> Calculating Machine | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> -10-key touch ability 9 Yes 9 No | | |
| <input type="checkbox"/> Typing _____ W.P.M. | <input type="checkbox"/> Transcribing Equipment | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Shorthand _____ W.P.M. | <input type="checkbox"/> Computer
-Type? | <input type="checkbox"/> Word Processing
-Type? |
| <input type="checkbox"/> Spreadsheets
-Type? | | |

OTHER _____

6. CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true, complete 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 CareResource Hawaii, I agree to conform to the guidelines and policies of the company, and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY EITHER PARTY.**
- C. I understand and agree that only the Executive Director of the company 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 and such an agreement must be in writing and signed by the Executive Director.
- D. I understand and agree that CareResource Hawaii 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 CareResource Hawaii with any information (including fact or opinion) they may have regarding me. In consideration of CareResource Hawaii's review of this Application, I release CareResource Hawaii receiving this information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by CareResource Hawaii to provide truthful information (including facts of opinion) regarding my employment to any potential or future employer and release and waive any claims against CareResource Hawaii 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 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 a complete medical examination during my employment with CareResource Hawaii, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by CareResource Hawaii. 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 CareResource Hawaii in accordance with state and federal laws. CareResource 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 CareResource Hawaii with any additional consent(s) and/or release(s) as required by CareResource Hawaii 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.
- G. I understand that CareResource Hawaii may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment to me. I also understand CareResource Hawaii may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with CareResource Hawaii if an employed by CareResource Hawaii.

Authorization/Signature of applicant _____

Date: _____

ADDITIONAL EMPLOYMENT RECORDS (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 may invalidate this employment application and lead to termination of employment.)

Employer	Dates of Service		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/ Salary		
	From	To	
Your Job Title	Your Supervisor's Name		
Reason For Leaving:			
Employer	Dates of Service		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/ Salary		
	From	To	
Your Job Title	Your Supervisor's Name		
Reason For Leaving:			
Employer	Dates of Service		Work Performed
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	From	To	
Your Job Title	Your Supervisor's Name		
Reason For Leaving:			



CareResource
Hawaii
Home and Community Health Care

AFFIRMATIVE ACTION SELF-IDENTIFICATION SURVEY

Name _____ Date _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the Federal Government for civil rights enforcement. When reported, data will not identify any specific individual.

Question 1 - Gender: Please identify your gender:

_____ Male _____ Female

Below are two questions; the first is about your ethnicity and the second about your race. Please answer both questions. In answering the second question, you may select one or more races. The summarized information is reported to the federal government for civil rights enforcement and monitoring purposes. For these purposes, if you mark "Yes, Hispanic or Latino," for the first question, your race will not be reported.

If you select more than one race, you will be reported in the "Two or More Races" category to the federal government. For example, if you select both "Black" and "Asian," you will be reported in the "Two or More Races" category.

Question 2 - Ethnicity: Are you Hispanic or Latino?

_____ No, not Hispanic or Latino.

_____ Yes, Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

To: Employees and Applicants

From: Human Resources Department

Subject: Affirmative Action Self-Identification Survey

CareResource Hawaii is subject to various equal employment opportunity (EEO) laws which require that we record certain affirmative action information about our employees and applicants. Information regarding sex, race, disability, and veteran status is necessary for government reporting purposes and to insure equal employment opportunity for all employees and applicants.

To help us comply with Federal and State EEO requirements, we are asking you to participate in an Affirmative Action Self-Identification Survey. Your participation is entirely voluntary; however, your cooperation will be appreciated. The information will be kept confidential and used only in accordance with government regulations.

Should you have any questions concerning the attached survey, please contact the Human Resources Department at: (808) 599-4999. Thank you for your time.

Question 3 - Race: What is your race? Select one or more of the following race categories:

_____ White (any of the original peoples of Europe, the Middle East, or North Africa).

_____ Black/African American (any of the black racial groups of Africa).

_____ Asian (any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).

_____ Native Hawaiian or Other Pacific Islander (any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

_____ American Indian or Alaska Native (any of the original peoples of North and South America including Central America).

Veteran Status: (Check applicable category)

_____ **Disabled Veteran:** A person who

(a) Is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation, under laws administered by the Secretary of Veterans Affairs Administration, or

(b) Was discharged or released from active duty because of a service-connected disability.

_____ **Armed Forces Service Medal Veteran**

Any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

_____ **Recently Separated Veteran**

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

_____ **Other Protected Veteran:**

Served on active duty during a war or in a campaign or expedition for which a campaign badge was authorized.

(Please turn over)

We are interested in knowing how you learned about employment positions available at CareResource Hawaii. Please take a moment to complete this form.

I learned about CareResource Hawaii through the following:
(Select all that apply)

- CareResource Hawaii website
- Workforce Development website
- Other website(s) - Please indicate: _____

Workforce Development Office

- Honolulu Star Advertiser ad
- Mid/Week Ad
- Other newspaper ad - Please indicate: _____

School Counselor/Faculty - Name of School: _____

Job Fair

- Employee Referral
- Physician Referral
- Previous Patient Referral

Telephone Book

Other: _____