

Hawai'i Pacific Parks Association

P.O. Box 74

Hawai'i National Park, HI 96718

Phone: (808) 985-6338 Fax: (808) 985-7333

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please 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. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, or sexual orientation or any other protected category recognized by state and federal laws. This employment application is valid for a three-month period after submission to Hawai'i Pacific Parks Association ("HPPA") and only for the desired position.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal check)				
PRESENT MAILING ADDRESS			APT. NO.	CITY
			STATE	ZIP
PHONE	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.		CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	
CELL:			<input type="checkbox"/> YES [NOTE: If offered employment you will be required to submit documentation required by the Immigration Reform and Control Act.]	
E-MAIL:			<input type="checkbox"/> NO	

DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THIS COMPANY BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHO REFERRED YOU TO THIS COMPANY?			
<input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> BULLETIN BOARD POSTING <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> INTERNET <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER			
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*NOTE: If hired, you will be required to perform work as required by HPPA.

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR/SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

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FORMER EMPLOYERS

*Please account for the last ten years of employment at minimum.
FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY.*

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLES
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
REASON (S) FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLES
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
REASON (S) FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLES
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
DESCRIPTION OF WORK			
REASON (S) FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY?		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON (S) FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY?		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON (S) FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY?		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON (S) FOR LEAVING				

REFERENCES

*GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO,
WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND WHOM WE CAN CONTACT.*

	NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1				
2				
3				

JOB SKILLS, QUALIFICATIONS

*SUMMARIZE YOUR JOB SKILLS, TRAINING AND/OR STUDY THAT ARE RELEVANT
FOR THE DESIRED POSITION. USE ADDITIONAL PAPER IF NECESSARY.*

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. I understand that MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.
- C. I understand and agree that only the Executive Director or Business Director of HPPA 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. I agree that such an agreement must be in writing and signed by the Executive Director or Business Director, and I will not rely upon any other representations.
- D. I understand that as part of my employment in federal facilities, HPPA may be required to conduct a background check and/or security investigation. I understand and agree that HPPA 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 HPPA with any information (including fact or opinion) they may have regarding me. In consideration of HPPA's review of this application, release HPPA and all providers of any 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 HPPA, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by HPPA. If employed by HPPA, I further authorize HPPA to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against HPPA 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 as part of my application for employment. I also understand and agree that I may be required to submit to drug testing during my employment with HPPA, provided that such testing is job-related and consistent with business necessity. The cost of such testing will be paid by HPPA. I authorize any laboratory testing any specimen obtained by the collection site to disclose the results of the laboratory test to HPPA in accordance with state and/or federal laws. HPPA 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 HPPA with any additional consent(s) and/or release(s) as required by HPPA to investigate my employment application or for any other employment purposes.
- F. I agree that HPPA may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. HPPA 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.
- G. I understand and agree that if offered employment by HPPA, 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 HPPA.
- H. I understand and agree that all of the foregoing terms and conditions will become part

of my employment relationship with HPPA if I am employed by HPPA.

Authorization/Signature of applicant:

Date:

**DISCLOSURE AND AUTHORIZATION
TO OBTAIN CONSUMER REPORT**

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, HPPA may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by HPPA for employment purposes without your prior written authorization.

Authorization

I hereby acknowledge that HPPA has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize HPPA and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: _____

Date: _____