



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First MiddleAddress: _____
Street (Apt) City/State ZipContact Information: () () / _____
Home Telephone Mobile Telephone Email

How did you learn about our company? _____

PLACEMENT INFORMATION

Position Desired: _____ Date Available: _____ Salary Desired: _____ Hourly/Annual

Full Time: Part Time: Other:

Specify the hours you are able to work each day of the week.

	<u>Sun</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>
AM:	_____	_____	_____	_____	_____	_____	_____
PM:	_____	_____	_____	_____	_____	_____	_____

EDUCATION HISTORY

Name of School <small>*Applicants may be asked to provide a copy of diploma, GED, certificate or school transcript</small>	Degree/ Certificate	Total yrs. Completed	Major/Type of Course(s) Name of Degree/Certificate (if applicable)
High School	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> In Process		
City, State			
College / University	<input type="checkbox"/> Diploma <input type="checkbox"/> Certification <input type="checkbox"/> Other <input type="checkbox"/> In Process		
City, State			
College / University / Technical School	<input type="checkbox"/> Diploma <input type="checkbox"/> Certification <input type="checkbox"/> Other <input type="checkbox"/> In Process		
City, State			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.



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PREVIOUS EMPLOYER OR EXPERIENCE

Please list beginning from most recent:

Dates Employed	Company Name	Location	Role/Title	Salary
From:				Start:
To:				End:

Job note, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title	Salary
From:				Start:
To:				End:

Job note, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title	Salary
From:				Start:
To:				End:

Job note, tasks performed and reason for leaving:

PROFESSIONAL REFERENCES

List name and telephone number of three business / work / school references that are not related to you and are not current supervisors.

Name	Phone Number (with area code)	Job Title	Relationship to you

APPLICANT STATEMENT

- I have read and fully understand the questions in this application and I certify the answers I have given in the application are true and complete to the best of my knowledge, and I understand that any false or misleading answers, omissions or concealment of facts will disqualify me from consideration of employment or, if hired, will be grounds for my immediate separation of employment.
- I hereby authorize Hawaii Nursing Solutions, Inc. (the Company) and its agents (including any investigative agencies retained by the Company) to request and receive any information and records concerning me, including but not limited to my character, general reputation, background, criminal record, education and prior employment. I grant permission to any person, education institution, firm, partnership, corporation, government or law enforcement agency authority to provide the Company any information pursuant to this authorization, and I hereby release the Company, its employees representatives and agents and the above listed entities from any and all liability, claims or damages in connection with obtaining or releasing such information.**
- If hired, I agree to abide by the policies and expectations of the Company and understand that my employment is "at will" and can be terminated by me or by the Company at any time without cause subject only to applicable requirements of law and I will be paid only for services rendered to the time of my termination.
- Nothing herein or during my employment shall be considered an employment contract and I understand no party has the authority to vary the foregoing conditions, with the sole exception of written variances signed by the president of the Company.
- By signing below, I certify and acknowledge that I have read the statement and that I understand them.

Signature of Applicant

Date