Application for Employment

(Application must be **completely** filled out or will not be considered)

General Information:

56-660 Kamehameha Hwy. Kahuku, HI 96731 Ph. (808) 293-7555

Fax: (808) 293-7196

Name:Address:									
					Phone Number:				
					Date Available:				
City	,	State	Zip Code		-				
Position App	plying for:			F	Full Time: Part Time: On Call:				
Special traini	ng or skills th	at would be o	of benefit in the	position fo	or which you are applyi	ng:			
·	•		s company befo	re? No [] Yes □				
If yes, please i									
Employn Please list your									
Employer:	r most recent employer first. Phone Number:								
Address:									
Job Title:	Supervisor:								
Job Duties:									
Dates Employed:	from:	/	To:	/	Starting Wage:	Final:			
Employer:	Phone Number:								
Address:									
Job Title:	Supervisor:								
Job Duties:									
Dates Employed:	from:	/	To:	/	Starting Wage:	Final:			

(Continued)	nent Experience							
Employer:	Phone Number:							
Address:								
Job Title:	Supervisor:							
Job Duties:								
Dates Employed:	from: /	To:		Starting Wage:	Final:			
Employer:				Phone Number:				
Address:								
Job Title:	Supervisor:							
Job Duties:								
Dates Employed:	from: /	To:	/	Starting Wage:	Final:			
Work Ref	erences							
1. Name: _			0	ccupation:				
Address:				Phone Number:				
2. Name: _			0	ccupation:				
Address:	Phone Number:							
3. Name:		Occupation:						
Address:				Phone Number:				
Educationa	al Background			Number of				
	Name of School		City, State	Number of Yrs. Attended	Diploma/Degree			
Elementary								
Jr. Hight/Interme	d							
High School								
College								
Other (trade, etc)								

Medical Information:

undergo a phy examination. A examination at exam to discus	of employment is made, but before employment duties begin, applicants are required to resical or medical examination, with the offer of employment conditioned on the result of such as a condition of employment, all employees will be required to obtain a yearly physical to BBC's expense and by a BBC chosen physician. I authorize the physician conducting the se with BBC the examination results, including any laboratory testing and/or specimen(s) are time of the physical examination.	
	Applicant's Initials	
Are you able to	o perform the essential functions of this job with or without reasonable accomodations? Yes No	
Other:		
Do you know	anyone presently employed at BBC? If so, who?	
Notice:		-
check, Driving requirements r related to the c	of employment with the Bobby Benson Center, all new hires will undergo a Criminal History Abstract Check, and Child Abuse and Neglect Check and must meet all credentialing mandated by the State of Hawaii. New hires must be free of conviction(s) determined to be duties and responsibilities of the job. ere I acknowledge these conditions. Applicant's Initials	
	I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge. I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.	
	This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or BBC, with or without cause or reason and with or without notice.	
	Application Date Applicant's Signature	

It is the policy of the Bobby Benson Center to hire only U.S. Citizens and Aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce documentation establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9).