

## Maunalani Nursing and Rehabilitation Center APPLICATION FOR EMPLOYMENT

"MAUNALANI NURSING AND REHABILITATION CENTER IS AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. MAUNALANI IS DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS, WHICH IS FORBIDDEN BY VIRTUE OF ANY FEDERAL OR STATE STATUTE, REGULATION, OR EXECUTIVE ORDER, INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, ANCESTRY, DISABILITY, MARITAL STATUS, ARREST AND COURT RECORD."

General Instructions: We appreciate your interest in applying for a position at Maunalani Nursing and Rehabilitation Center. In completing this application form, please print your responses legibly, being sure to answer all questions in detail and as accurately as possible. If you have any questions or desire any explanations, please do not hesitate to ask for clarification.

### GENERAL INFORMATION

Last Name	First	Middle	Date
Street Address	City	Zip Code	Home Telephone
If hired, can you furnish proof of age by a birth certificate or other document? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security #
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What motivated you to apply for a job at Maunalani?			When will you be available to begin work?
How were you referred to Maunalani? <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency			How long do you expect to work?
<input type="checkbox"/> Employee (Name):		<input type="checkbox"/> Other:	

Have you ever worked for Maunalani Nursing and Rehabilitation Center? Yes No

If yes, state the dates of your employment, job title and duties, and reason for leaving.

Dates: From	To	Job Title & Duties:	Reason for Leaving:
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Do you know anyone presently working for our Company? Yes No

If yes, state their name, and relationship to you.

Name	Relationship
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### EMPLOYMENT DESIRED

Position applying for:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call
Hours available to work: From	Days available to work:
To	<input type="checkbox"/> Any day including weekends and holidays
<input type="checkbox"/> No restrictions	<input type="checkbox"/> Monday-Friday only
	<input type="checkbox"/> Other:

Do you have a Hawaii Professional License, Certificate or Registration? Yes No

If yes, please complete the following:

Type of License, Certificate, Registration:	Number:	Date of Expiration:
Type of License, Certificate, Registration:	Number:	Date of Expiration:
Type of License, Certificate, Registration:	Number:	Date of Expiration:

**EDUCATION**

School	Name/Address of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma
Elementary School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT EXPERIENCE (List all jobs held for the last 10 years. Start with your present or most recent job held.)**

Employer		Dates Employed	
		From:	To:
Address		City/State	Zip
		Telephone	
		( )	
Job Title	Name of Supervisor		Hourly Rate/Salary
		Starting:	Final:
Work Duties		Reason for Leaving	

Employer		Dates Employed	
		From:	To:
Address		City/State	Zip
		Telephone	
		( )	
Job Title	Name of Supervisor		Hourly Rate/Salary
		Starting:	Final:
Work Duties		Reason for Leaving	

Employer		Dates Employed	
		From:	To:
Address		City/State	Zip
		Telephone	
		( )	
Job Title	Name of Supervisor		Hourly Rate/Salary
		Starting:	Final:
Work Duties		Reason for Leaving	

Employer		Dates Employed	
Address		City/State	Zip
Job Title		Name of Supervisor	
Work Duties		Reason for Leaving	
		From:	To:
		Telephone	
		( )	
		Hourly Rate/Salary	
		Starting:	Final:

Employer		Dates Employed	
Address		City/State	Zip
Job Title		Name of Supervisor	
Work Duties		Reason for Leaving	
		From:	To:
		Telephone	
		( )	
		Hourly Rate/Salary	
		Starting:	Final:

Have you ever been fired or requested to resign? Yes No  
 If yes, please explain \_\_\_\_\_

**REFERENCES (Not relatives)**

Name		Telephone	
Address		City/State	Zip
		Occupation	No. of years this person has known you.
		( )	

Name		Telephone	
Address		City/State	Zip
		Occupation	No. of years this person has known you.
		( )	

Name		Telephone	
Address		City/State	Zip
		Occupation	No. of years this person has known you.
		( )	

Name		Telephone	
Address		City/State	Zip
		Occupation	No. of years this person has known you.
		( )	

## CERTIFICATION

### PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that **MY EMPLOYMENT WITH MAUNALANI NURSING AND REHABILITATION CENTER IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that only the Executive Director of Maunalani Nursing and Rehabilitation Center 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. I agree that such an agreement must be in writing and signed by the Executive Director, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that Maunalani Nursing and Rehabilitation Center 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 Maunalani with any information (including fact or opinion) they may have regarding me. In consideration of Maunalani's review of this application, I release Maunalani and all providers of any information from any liability, which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by Maunalani. If employed by Maunalani, I further authorize Maunalani to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against Maunalani 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 to a complete medical examination during my employment with Maunalani, provided that such examination is job-related and consistent with business necessity. 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 Maunalani in accordance with state and/or federal laws. Maunalani 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 Maunalani with any additional consent(s) and/or release(s) as required by Maunalani to investigate my employment application.
- F. I agree that Maunalani Nursing and Rehabilitation Center may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. Maunalani 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 (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by Maunalani Nursing and Rehabilitation Center, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by Maunalani.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Maunalani Nursing and Rehabilitation Center of any agreements that would limit my ability to work for Maunalani.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Maunalani Nursing and Rehabilitation Center if I am employed by Maunalani.

Authorization/Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_