



There's someplace like home.

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### EMPLOYMENT APPLICATION

Position Applying For: \_\_\_\_\_

Last Name		First Name		Middle Initial		Social Security Number			
Mailing Address				City		State		Zip Code	
Home Phone Number				Cellular Phone Number(s)					
Legally authorized to work in the U.S.? Yes No (circle one)						How did you hear of us?			
Have you in the past worked for Manoa Senior Care? Yes No (circle one) If yes, give date(s):						Do you have or in the past had any relatives working for Manoa Senior Care? Yes No (circle one)			
Are you currently employed? Yes No (circle one) If yes, may we contact your employer?									
What shifts are you looking for? Full Time Part Time On Call Day Shift Night Shift (circle all that apply)									
What days and hours are you <b>not</b> able to work?									
Based on the job description, is there any part of the position you are applying for that you will not be able to perform or have difficulty performing with or without an accommodation? Yes No (circle one)									
<b>For Nurse Aide Applicants Only:</b>									
Do you have current certificates for the following?									
		Certified Nurses' Aid:		No Yes (circle one)		Exp.: _____			
		First Aide:		No Yes (circle one)		Exp.: _____			
		CPR:		No Yes (circle one)		Exp.: _____			
		TB:		No Yes (Regular or 2 step) (circle one)					
Have you had a physical exam in the last year? No Yes (circle one)									
Other than English, list any other languages you are fluent in.									
Desired Starting Wage: \$ _____ per hour. When are you available to start?									
<b>Education:</b>				<b>Location: City/State</b>				<b>Degree Earned:</b>	
High School:									
Trade School:									
College:									
Other:									

Complete Both Sides

<b>Employment History: (Start with the most recent)</b>		
Employer:	Starting Wage:	Ending Wage:
Address of Employer:		
Dates of Employment: From _____ to _____	Supervisor and Contact Phone Number:	
Job Title and Describe Duties:		
Reason For Leaving:		
Employer:	Starting Wage:	Ending Wage:
Address of Employer:		
Dates of Employment: From _____ to _____	Supervisor and Contact Phone Number:	
Job Title and Describe Duties:		
Reason For Leaving:		
Employer:	Starting Wage:	Ending Wage:
Address of Employer:		
Dates of Employment: From _____ to _____	Supervisor and Contact Phone Number:	
Job Title and Describe Duties:		
Reason For Leaving:		

**Applicant's Certification and Agreement**  
**Please Read Before Signing**

I certify that the facts set forth in Employment Application are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations whenever discovered, may result in my dismissal. I authorize Manoa Senior Care to make an investigation of any of the facts set forth in this application.

I authorize my previous employers, schools, law enforcement agency, credit card agency, physician or medical facility to give Manoa Senior Care, any and all facts, opinions or records concerning my employability. I agree that Manoa Senior Care and any company or individual shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions, misrepresentations or any answers made by me on this Employment Application.

I understand that I may be required to submit to post-employment examination including random drug and alcohol testing and that a criminal background check will be conducted upon acceptance of employment.

I understand that employment at Manoa Senior Care is "at will" which means either Manoa Senior Care or myself can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that this application is not a contract and cannot create a contract.

**Applicant's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_