

Aloha Habilitation Services, Inc.
100 Kahelu Avenue, Suite 110, Mililani, Hawaii 96789
Office : (808) 622-4200 • Fax : (808) 622-4211
Website : www.alohahab.com / Email : info@alohahab.com

EMPLOYMENT APPLICATION PACKET

Last, First Name : _____ **Application Date :** _____

- Application for Employment (All sections **MUST** be completed)
- Health Report Form / Physical Examination ** (EXPIRES: _____)
- 2-Step** Tuberculosis (TB) Skin Test ** (EXPIRES: _____) ~OR~
- TB Symptom Screening Form (**Required if having history of positive TB only**) ** (EXPIRES: _____)
- First Aid ** (EXPIRES: _____) / CPR ** (EXPIRES: _____)
- Fieldprint ** FBI Fingerprinting (**COMPLETED**: _____)
- Automobile Insurance Liability **Declaration Policy** (EXPIRES: _____)
(Must have coverage limits as followed: Bodily Injury Liability of \$100,000/\$300,000 and Property Damage Liability of \$50,000)
- Driver History Record / Traffic Abstract (EXPIRES: _____)
- Motor Vehicle Registration (EXPIRES: _____)
- Motor Vehicle Safety Check (EXPIRES: _____)
- Hawaii Nursing License (RN, LPN, CNA), if available (EXPIRES: _____)
- Policy on Abuse / Criminal History Background Check (2-Pages) (EXPIRES: _____)
- High School Diploma / GED / College Diploma ** (COMPLETION DATE: _____)
- Non-US Studies Credential Evaluation (For foreign diploma) ** (COMPLETION DATE: _____)
- Staff Training and Orientation** (EXPIRES: _____)
- OIG/LEIE and Med-QUEST (Completed by AHS Staff) ** (COMPLETION DATE: _____)
- ProService Employment Packet**

****PLEASE ENSURE THAT YOUR NAME IS ON ALL DOCUMENTS BEFORE SUBMITTING****

*****YOU MUST OBTAIN APPROVAL FROM HUMAN RESOURCES PRIOR TO START DATE*****

Aloha Habilitation Services, Inc.

100 Kahelu Avenue, Suite 110, Mililani, Hawaii 96789

Office: 808-622-4200 ♦ Fax: 808-622-4211

Website: www.alohahab.com ♦ Email: info@alohahab.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name: _____ Date: _____

Address: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Are you eligible to work in the U.S.? Yes No

(Proof of identity and eligibility will be required upon employment)

Are you 18 years of age or older? Yes No

Have you ever been terminated from employment or asked to resign by an employer?

Yes No

If yes, please provide company names and details

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL-TIME []
If you cannot work full-time, please explain:

DAYS AND HOURS AVAILABLE

(If employed, notification must be provided in writing should availability change)

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? _____ Yes _____ No

EMPLOYMENT DESIRED

Date you can start: _____ Hourly Rate/Salary Desired: _____

Position Desired: _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk-In Advertisement Referral Other

Have you ever worked for this company before? _____ Yes _____ No

Explain: _____

Do you know anyone who works for our company? _____ Yes _____ No

If yes, who? _____

EDUCATION

	Name and Location of School	Number of Years Attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration. Please attach additional sheets if necessary, following the same format.

Employer Name: _____ Telephone: _____

Employment Dates: From _____ to _____

Immediate Supervisor and Title: _____

Summarize the nature of work performed and job responsibilities:

Reason for Leaving:

Employer Name: _____ Telephone: _____

Employment Dates: From _____ to _____

Immediate Supervisor and Title: _____

Summarize the nature of work performed and job responsibilities:

Reason for Leaving:

Employer Name: _____ Telephone: _____

Employment Dates: From _____ to _____

Immediate Supervisor and Title: _____

Summarize the nature of work performed and job responsibilities:

Reason for Leaving:

Employer Name: _____ Telephone: _____

Employment Dates: From _____ to _____

Immediate Supervisor and Title: _____

Summarize the nature of work performed and job responsibilities:

Reason for Leaving:

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain.

Computer Skills (please describe):

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Aloha Habilitation Services, Inc. is an equal opportunity employer. Aloha Habilitation Services, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Aloha Habilitation Services, Inc. to hire me. If I am hired, I understand that either Aloha Habilitation Services, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Aloha Habilitation Services has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Aloha Habilitation Services, Inc. true and complete information on this application. No requested information has been concealed. I authorize Aloha Habilitation Services, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: _____ Signature: _____

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE
SIGNED/DATED ABOVE.**