

# KEIKI O KA 'AINA FAMILY LEARNING CENTERS APPLICATION FOR EMPLOYMENT

**All applicants are considered on individual merit without discrimination based on race, color, religion, sex, ancestry, national origin, age, marital status, genetic information, arresting court record, veteran/military status, disability, sexual orientation, or citizenship.**

*(PLEASE PRINT)*

Position(s) Applying For	Date of Application
How Did You Learn About Keiki O Ka 'Aina Family Learning Centers (KOKAFLC)?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Keiki O Ka 'Aina Employee	
<input type="checkbox"/> Other _____	

Last Name	First Name	MI	SS# _____
Address			E-mail _____
City			Home Phone: _____
State			Cell Phone: _____
Zip Code			

Have you ever been employed with KOKAFLC before or made application to work here?  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your relatives work here or have an application pending?  Yes  No

If Yes, state name, relationship and program \_\_\_\_\_

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:    \_\_ Full Time    \_\_ Part Time    \_\_ Casual    \_\_ On-call

Can you travel off-island if a job requires it?  Yes  No

Emergency Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD:** *If resume was submitted, complete application information which was not listed on resume, including salary history and reason for leaving. Start with present or last job. Include self-employment, military service, volunteer assignments, summer, and or part-time jobs. Please attach additional sheets if necessary, following the same format.*

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

**Explain any gaps in your employment.**

**Describe any specialized training, apprenticeship, skills or volunteer activities that may pertain to the position being applied for:**

**List any licenses, credentials, or certificates that may be applicable to the position being applied for:**

**List any professional, trade, business, and civic activities/offices that may be beneficial for the position being applied for:**

**Additional Information – Other Position Related Qualifications Acquired from Employment or Other Experience.**

<b>EDUCATION</b>	<b>Name of School &amp; Address</b>	<b>Course of Study</b>	<b>No. of Years Completed</b>	<b>Type of Diploma/Degree</b>
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**REFERENCES:** Include personal and work related

Name	Telephone	Occupation
Name	Telephone	Occupation
Name	Telephone	Occupation

**CRIMINAL HISTORY RECORD:** Because KOKAFLC is an organization requiring employees to work with children, all employees , once hired, must report any previous felony convictions and will have their criminal history record checked. In addition, employees must immediately report any new felony convictions to KOKAFLC.

**POST-OFFER/PRE-EMPLOYMENT MEDICAL EXAMINATION:** If KOKAFLC makes an offer of employment to you, the offer may be contingent on your consent to undergo a medical examination by a licensed physician. KOKAFLC will inform the applicant in writing at the time of the offer if this is required. KOKAFLC will pay for the medical examination, and will also choose the licensed physician who will conduct the examination. You should understand that you may refuse to undergo a post-offer/pre-employment medical examination. However, KOKAFLC's offer of employment may be withdrawn if you refuse to undergo such an examination. The information gained from the medical examination will only be used to determine your post-offer/pre-employment ability to perform the essential functions of the job being offered, with reasonable accommodation, if required. Any information obtained by the medical examination, including your medical condition or history, will be kept confidential as required by law and will be collected and maintained on separate forms and kept in files separate from general personnel information. At a minimum, a TB test or report of recent TB test clearance will be required for all employees working directly or indirectly with children.

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete.

I authorize a criminal background check, substantiation of educational and job related information contained in this application, and the application for a credit check, as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause or reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies, rules, and regulations of the employer, including those contained in the Employee Handbook.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return this Application to:

Keiki O Ka 'Aina Family Learning Centers  
Attn: Human Resources  
3097 Kalihi Street  
Honolulu, HI 96819  
E-Mail: HR@Keikiokaaina.org  
Fax: (808) 843-2572