

Date	Job/Position you are applying for (must be filled in)
Are you able to perform the esser accommodation?	tial functions of this position with or without reasonable

# Application for Employment

Equal Opportunity Employer: One Kalakaua Senior Living Association (OKSL) is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

#### **GENERAL INFORMATION:**

Name	Email Address	
Address	Telephone Number (Cell or Residence)	
City	State	Zip Code

**EMPLOYMENT RECORD**: STARTING WITH PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.* 

Name & Address of	Current or Former	Employer	Dates Employed	Position & Duties	Reason for Leaving	
Company Name	Phone		From Mo./Yr.	Position		
No. & Street						
			To Mo./Yr.	Supervisor's Name		
City	State	Zip Code				
Company Name	Phone		From Mo./Yr.	Position		
No. & Street			_			
			To Mo./Yr.	Supervisor's Name		
City	State	Zip Code				
Company Name	Phone		From Mo./Yr.	Position		
No. & Street			-			
			To Mo./Yr.	Supervisor's Name		
City	State	Zip Code	_			
Company Name	Phone		From Mo./Yr.	Position		
No. & Street			_			
			To Mo./Yr.	Supervisor's Name	_	
City	State	Zip Code				
City	State	Zip Code				

#### **MISCELLANEOUS:**

May we contact your current employer(s)? 
Yes No

Do you know anyone presently working for OKSL? If so, list name(s) and relationship:

#### **REFERENCES: (Not relatives)**

Name	Occupation
Address	Telephone Number
Name	Occupation
Address	Telephone Number

#### EDUCATION:

Education	Name of School	Address	No of Yrs Attended	Degree(s)
High School				
College				
Other (grad school, trade school, etc.)				

## AVAILABILITY:

Date Available:			Circle one: Full-Time	)	Part-Time	0	n-Call
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times Available:							

### NOTE:

It is the policy of this OKSL 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 original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)

#### ACKNOWLEDGEMENT AND CERTIFICATION:

By signing below, 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 made herein, when discovered, will subject me to discharge. I authorize OKSL to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for OKSL's consideration of my application for employment, I hereby release OKSL and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by OKSL regarding my work history, education, character, reputation, and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at OKSL expense and by an OKSL-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at OKSL expense and be an OKSL-chosen physician. I agree to provide OKSL with any authorization or release which may be required for a pre-employment medical examination or drug test.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or OKSL, with or without cause or reason and with or without notice.

This application will be considered for three month. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.