

# MANOA COTTAGE APPLICATION FOR EMPLOYMENT

Position Applying for: \_\_\_\_\_

Date \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_

Equal Employment Employer: Manoa Cottage 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 federal, state, or local law.

## GENERAL INFORMATION

Last Name		First Name		Middle Initial	
Address			City	State	Zip
Home Phone ( ) ( )		Work or Message Phone ( ) ( )		E-Mail Address	
How did you hear about Manoa Cottage? _____	Check Work Availability		Days	PMS	Nights
	<input type="radio"/> Full-Time <input type="radio"/> Part-Time				
Do you know anyone presently working for our company?  If so, who?	<input type="radio"/> On-Call				
	Temporary <input type="radio"/> Weekends <input type="radio"/> Holidays <input type="radio"/> Other				
			Apart from absences for religious observances, are there any specific days or time you cannot work? <input type="radio"/> Yes <input type="radio"/> No If Yes, please list days/times you cannot work:		

## PERSONAL INFORMATION

1. Have you ever filed an application with Manoa Cottage before? If yes, when?	<input type="radio"/> Yes	<input type="radio"/> No
2. Are you under 18 years of age? (If yes, a work permit will be required.)	<input type="radio"/> Yes	<input type="radio"/> No
3. Have you ever been employed with Manoa Cottage before? If yes, when and at which facility?	<input type="radio"/> Yes	<input type="radio"/> No
4. Can you, upon employment, provide proof of eligibility to work in the U.S.?	<input type="radio"/> Yes	<input type="radio"/> No
5. Are there other positions that you are qualified for? Please list:	<input type="radio"/> Yes	<input type="radio"/> No
6. Best time to contact you and at what number:		

**WORK EXPERIENCE**

Starting with your present or last job, please account for the past 20 years of employment. Include any job related military service assignments and volunteer activities.

Employer	Dates Employed Start Date (Mo./Yr.)	Duties and Responsibilities
Address		
Telephone Number(s)		
Job Title	End Date (Mo./Yr.)	
Supervisor		
May We Contact <input type="radio"/> Yes <input type="radio"/> No	Reason for leaving	
Employer	Dates Employed Start Date (Mo./Yr.)	Duties and Responsibilities
Address		
Telephone Number(s)		
Job Title	End Date (Mo./Yr.)	
Supervisor		
May We Contact <input type="radio"/> Yes <input type="radio"/> No	Reason for leaving	
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Supervisor		
May We Contact <input type="radio"/> Yes <input type="radio"/> No	Reason for leaving	
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Telephone Number(s)		
Job Title	End Date (Mo./Yr.)	
Supervisor		
May We Contact <input type="radio"/> Yes <input type="radio"/> No	Reason for leaving	
Employer	Dates Employed Start Date (Mo./Yr.)	Duties and Responsibilities
Address		
Telephone Number(s)		
Job Title	End Date (Mo./Yr.)	
Supervisor		
May We Contact <input type="radio"/> Yes <input type="radio"/> No	Reason for leaving	

Comments: Include explanation(s) of any gaps in employment

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<b>EDUCATION</b>																				
<b>CIRCLE HIGHEST GRADE COMPLETED</b>	GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRAD. SCHOOL			
	1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4
NAME										LOCATION						COURSE-DEGREE				
High School																				
Community College																				
College / University																				
Nursing, Technical or Vocational School																				
Other Training or Skills																				
What computer applications are you proficient at? (Word, Excel, PowerPoint, etc.																				
<b>PROFESSIONAL LICENSES AND/OR CERTIFICATIONS</b>																				
Are you currently <input type="radio"/> Licensed <input type="radio"/> Certified																				
<b>IF LICENSED, REGISTERED OR CERTIFIED</b>	Type		State Issued				Date				Number									
	Type		State Issued				Date				Number									
	Is your license currently under investigation?																			
<b>LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIL ACTIVITIES AND OFFICES HELD (Exclude any memberships which suggest or disclose your race, color, national origin, religion, disability, or any other protected status)</b>																				
<b>BACKGROUND</b>																				
Have you ever been discharged and/or asked to resign from employment? <input type="radio"/> Yes <input type="radio"/> No																				
Have you ever initiated an act of violence in the workplace? <input type="radio"/> Yes <input type="radio"/> No																				
Please explain any "yes" answer so that individual circumstances can be considered. A "yes" answer will not necessarily disqualify you. Note: You are only being asked about any misconduct occurring at work. You are not being asked about your criminal record at this time. Please do not provide any information on criminal arrest(s), charge(s), or convictions, if any. Use Additional paper if necessary.																				
<b>NOTICE:</b> It is the policy of this Company 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.)																				
<b>PERSONAL / PROFESSIONAL REFERENCES (Do not include family members)</b>																				
Name				Phone Number				Best Time to Call				Occupation								
1.																				
2.																				

3.			
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### ACKNOWLEDGMENT 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, may subject me to discharge. I authorize Manoa Cottage 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 Manoa Cottage's consideration of my application for employment, I hereby release the Company 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 Manoa Cottage 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 Company expense and by a Company-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 Company expense and by a Company-chosen physician. I agree to provide Manoa Cottage 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 the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.**

Applicant Signature: \_\_\_\_\_ Application Date \_\_\_\_\_

**Manoa Cottage considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of your application, please reapply.**